

# Implementation Plan for the Healthy Workers Initiative

## NATIONAL PARTNERSHIP AGREEMENT ON PREVENTIVE HEALTH

NOTE: The Australian Government may publish all or components of this jurisdictional implementation plan, following initial consultation with the jurisdiction, without notice in public documents pertaining to the National Partnership Agreement.

### PRELIMINARIES

1. This Implementation Plan is created subject to the provisions of the National Partnership Agreement on Preventive Health and should be read in conjunction with that Agreement. The objective in the National Partnership is to address the rising prevalence of lifestyle related chronic diseases, by:
  - 1.1 laying the foundations for healthy behaviours in the daily lives of Australians through social marketing efforts and the national roll out of programs supporting healthy lifestyles; and
  - 1.2 supporting these programs and the subsequent evolution of policy with the enabling infrastructure for evidence-based policy design and coordinated implementation.

The measures funded through this Agreement include provisions for the particular needs of socio-economically disadvantaged Australians, and those, especially young women, who are vulnerable to eating disorders.

2. The Healthy Workers initiative provides funding to support implementation of healthy lifestyle programs in workplaces across Australia.
3. Under the Healthy Workers initiative jurisdictions are responsible for developing programs that may include a range of different activities. Some of these activities may be grouped according to similarities.

### TERMS OF THIS IMPLEMENTATION PLAN

4. This Implementation Plan will commence as soon as it is agreed between the Commonwealth of Australia, represented by the Minister for Health and Ageing, and the State of **New South Wales**, represented by **the Minister for Health or the position of the Minister's authorised delegate** (known as the Parties to this Implementation Plan).
5. This Implementation Plan may be varied by written agreement between authorised delegates.
6. This Implementation Plan will cease on completion of the specified program, including the acceptance of final performance program reporting and processing of final payments against performance benchmarks specified in this Implementation Plan.
7. Either Party may terminate this agreement by providing *30 days* notice in writing. Where this Implementation Plan is terminated, the Commonwealth's liability to make payments to the State is limited to payments associated with performance benchmarks achieved by the State by the date of effect of termination of this Implementation Plan.
8. The parties to this Implementation Plan do not intend any of the provisions to be legally enforceable.

However, that does not lessen the parties' commitment to this Implementation Plan.

## FINANCIAL ARRANGEMENTS

9. The maximum possible financial contribution to be provided by the Commonwealth for the Healthy Workers initiative is *[the Commonwealth will insert the maximum possible funding allocated for your jurisdiction]*. Payments will be structured as 50 percent facilitation and 50 percent reward. The reward payments are conditional on achievement against performance benchmarks specified in the National Partnership.
10. Facilitation payments will be payable in accordance with Table 1 from July 2011 to 2014 in accordance with the National Partnership. All payments are exclusive of GST.

**Table 1: Facilitation and Reward Payment Schedule (\$ million)**

Facilitation Payment	Due date	Amount
Facilitation Payment	July 2011	10.67
Facilitation Payment	July 2012	19.90
Facilitation Payment	July 2013	9.63
Facilitation Payment	July 2014	5.83
<b>Facilitation Total</b>		<b>46.03</b>
Reward Payment **	Due date	Amount
Reward Payment	2013-2014	18.42
Reward Payment	2014-2015	27.63
<b>Reward Total</b>		<b>46.04</b>
<b>Grand Total</b>		<b>92.08</b>

Note: Discrepancies in the table between totals and sums of components reflect rounding. \*\* The actual amount of reward payment is conditional on assessment of achievement against performance benchmarks as set out in the National Partnership

11. Any Commonwealth financial contribution payable will be processed by the Commonwealth Treasury and paid to the State Treasury in accordance with the payment arrangements set out in Schedule D of the *Intergovernmental Agreement on Federal Financial Relations*.

## OVERALL BUDGET

12. The overall program budget (exclusive of GST) is set out in Table 2.

**Table 2: Overall program budget (\$ million)**

Expenditure item	Year 1 2011/12	Year 2 2012/13	Year 3 2013/14	Year 4 2014/15	Total
NSW Healthy@Work Organisational Support Service					
NSW Get Healthy Service Workplace Strategy					
NSW Healthy Workers Communication and Marketing Strategy					
NSW Healthy Workers Social Inclusion Strategy					
<b>Total</b>	<b>10.67</b>	<b>19.90</b>	<b>9.63</b>	<b>5.83</b>	<b>46.03</b>

Note: Discrepancies in the table between totals and sums of components reflect rounding. The manner in which these funds are spread over the 4years assumes that roll-over will be possible within NSW Health. Within each intervention the allocation of funds reflects the state of readiness of proposed interventions and the manner in which they will be phased in over the 4years given the need for formative research and development work across a number of National Partnership Agreement on Preventive Health interventions

13. Having regard to the estimated costs of program and associated activities specified in the overall program budget, the State will not be required to pay a refund to the Commonwealth if the actual cost of the program is less than the agreed estimated cost. Similarly, the State bears all risk should the costs of the program and/or a project(s) exceeds the estimated costs. The Parties acknowledge that this arrangement provides the maximum incentive for the State to deliver projects cost-effectively and efficiently.

## PROGRAM OVERVIEW AND OBJECTIVE

### 14. NSW Healthy Workers Initiative

15. The aim of the NSW Healthy Workers Initiative is to prevent lifestyle-related chronic diseases in people in paid employment by addressing modifiable lifestyle risk factors of:

- Healthy eating;
- Physical activity;
- Weight;
- Smoking; and
- Harmful alcohol consumption.

16. This will be done through the implementation of the **NSW Healthy Workers Initiative** which includes the following strategies:

- 1) NSW Healthy@Work Organisational Support Service
- 2) NSW Get Healthy Service Workplace Strategy
- 3) NSW Healthy Workers Social Marketing Strategy
- 4) NSW Healthy Workers Social Inclusion Strategy

Governance for the NSW Healthy Workers Initiative will link with the NSW Healthy Children's governance structure.

17. The senior contact officer for this program is:

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## ACTIVITY DETAILS

### Activity ONE:

<b>NSW Healthy@Work Organisational Support Service</b>
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#### 18. Overview:

The NSW Healthy@Work Organisational Support Service<sup>1</sup> will provide information, advice and support to facilitate the implementation by workplaces of strategies designed to encourage the following behaviour changes among paid employees:

- Increasing healthy eating;
- Increasing physical activity;
- Achieving or maintaining a healthy weight;
- Reducing smoking; and
- Reducing harmful alcohol consumption.

The Service will provide employers and their representatives with information, advice and practical, easy-to-use tools that:

- Support the development of a business case for workplace health promotion and for gaining organisational commitment;
- Support the implementation of effective workplace health promotion activities;
- Identify evidence based activities that address multiple risk factors through change in the workplace's physical environment, culture, policies and practices as well as encourage personal development; and
- Support the workplace seeking further assistance from other agencies if required.

The Service will respond to employer requests for information and support, and will also proactively target the following types of workplaces / industries / occupations that:

- Have employees with significantly greater risk of chronic diseases;
- Have been identified through further scoping and research activities where there have significant numbers of people working in blue collar occupations;
- Have been identified through further scoping and research activities where there are significant numbers of Aboriginal and Torres Strait Islanders;
- Have significant numbers of people from culturally and linguistically diverse backgrounds; and
- Are in rural and remote areas.

Information, advice and support will be tailored to meet the differential needs of workplaces based on an organisational needs assessment and, matching strategies to identified needs.

Further information on the proposed NSW Healthy@Work Organisational Support Service can be found in Appendix 1.

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<sup>1</sup>This is a working title. The official title will be developed through extensive formative research and concept testing.

## 19. Outputs:

The NSW Healthy@Work Organisational Support Service incorporates the following outputs.

**Table 3: Outputs for NSW Healthy@Work Organisational Support Service**

Description	Quantity*	Timeframe
Formative research on the NSW Healthy@Work Organisational Support Service including the delivery mechanism, information, support and advice.	<i>Information in this table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes.</i>	January 2011 <sup>2</sup> to January 2012
Formative research of the Service tools, resources and case studies.		July 2011 to January 2012
Development of Service infrastructure which may include website, telephone service and on site workplace service.		July 2011 to June 2012
Development and printing of the necessary components of the website, telephone and on site workplace service which may include information, tools, case studies and resources.		July 2011 to June 2012
Delivery of the NSW Healthy@Work Organisational Support Service.		Late 2012
Development and implementation of an evaluation framework of the NSW Healthy @Work Organisational Support Service (as a component of the NSW Healthy Workers Initiative Evaluation).		July 2011 to June 2015

\*Note: The quantity of outputs will be reviewed and refined once new information from formative research emerges.

Where appropriate and feasible, the differential needs of workers and workplaces will be explored at all stages of development (formative research, concept testing, resource and case study development, service development, service delivery, monitoring and evaluation).

This may include, but is not limited to the needs of workplaces / industries / occupations that have been identified through further scoping and research activities where there are:

- Significant numbers of employees with greater risk of chronic diseases;
- Significant number of people working in blue collar occupations;
- Significant numbers of Aboriginal and Torres Strait Islanders;

<sup>2</sup> This timeframe is pending approval of this Implementation Plan by the Commonwealth by 31 December 2010 as per National Implementation Plan timelines. This timeframe is pending appointment of a successful tenderer.

- Significant numbers of people from culturally and linguistically diverse backgrounds; and
- Workplaces in rural and remote areas.

Where appropriate and feasible, working groups with responsibility of addressing specific target populations needs may be established to ensure input and values are incorporated into activities.

## 20. Outcomes:

### 20.1. Workplace Change

Table 4 describes the intended workplace change outcomes of the proposed NSW Healthy@Work Organisational Support Service. Further information regarding how it is envisaged that these outcomes will be measured is provided under Section 28 and will be further detailed in a comprehensive evaluation framework currently being developed by NSW Health in collaboration with experts in the field of evaluation and intervention research.

**Table 4: Outcomes for the NSW Healthy@Work Organisational Support Service**

Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
Increased proportion of employers and their representatives contact the NSW Healthy @ Work Organisational Support Service.	<p>All employers and their representatives who contact the NSW Healthy@Work Organisational Support Service receive information and support on implementing best practice workplace health promotion programs.</p> <p>Employers and their representatives use the information, materials and tools provided by the NSW Healthy@Work Organisational Support Service to implement best practice workplace health promotion programs within their workplace.</p>	<p>Increased proportion of employers and their representatives with workplace health promotion activities, programs, policies or environmental changes that support employees in key health behaviours related to the Commonwealth performance benchmarks.</p> <p>Increased proportion of employees with access to activities, programs, policies or environments in their workplace that support the adoption and maintenance of health behaviours related to the Commonwealth performance benchmarks.</p> <p>Increased proportion of employees who participate in activities and/or use facilities in the workplace that support the adoption and maintenance of health behaviours related to the Commonwealth performance benchmarks.</p>

## 21. Rationale:

### 21.1 Workplaces as a health promotion setting

The National Preventative Health Strategy<sup>1</sup> supports the World Health Organisation in recognising the workplace as a priority setting for health promotion<sup>2</sup>. Employees' health choices and action can be

influenced by their workplaces, and accordingly the workplace is seen as a valid and effective setting for health promotion for the following reasons:

- Workplace policies, systems, practices and physical environments can directly affect the ability of individuals to make and sustain healthy choices such as through enhancing access to healthy food at or near the workplaces, and enhancing access to quit smoking programs<sup>3</sup>;
- Workplace health promotion can reach a large proportion of the population. In NSW, almost 60 percent of adults in NSW spend half their waking hours at work. A proportion of these people might not normally access primary health care, not respond to existing health promotion messages or are unable to change and maintain healthy behaviour due to various factors<sup>4 5,6,7,8</sup>; and
- Workplace health promotion interventions can be effective, and importantly can be cost-effective for organisations<sup>9</sup>. Appendix 2 summarises some of the evidence in this regard<sup>10</sup>.

### **21.2 Building Workplace Health Promotion organisational capacity**

Workplace health promotion involves “enabling employees, employers and society to improve the health and wellbeing of people at work”<sup>11</sup>. To achieve this, employers require support in the modification of the work environment and the organisation’s policies and practices, and in encouraging the personal development of employees<sup>12</sup>. Factors identified as being necessary for a workplace to implement successful and sustainable workplace health promotion strategies include:

- Organisational leadership and employee/employer participation;
- Supportive organisational policies;
- Supportive organisational systems and practices; and
- Access to appropriate information and resources.

### **21.3 Building Workplace Health Promotion capacity in NSW**

To implement high quality and effective workplace health promotion strategies in NSW and to ensure such strategies reach a range of organisations and employee groups in an equitable manner, a new infrastructure is required in NSW. The design of that infrastructure will address the following:

- **There is a need for a centrally coordinated service providing information, advice and support in NSW:** Currently there is no readily accessible, coordinated resource that provides employers in NSW with independent information regarding the implementation of workplace health promotion strategies. This has also been the case in many other countries around the world. The Black report in the UK suggests that a lack of information is the most common barrier for employers investing in health and wellbeing of their workforce<sup>13</sup>.
- **Websites, phone, and onsite elements are appropriate mechanisms for delivery:** Many international programs involve the provision to employers of information, advice and support that is designed to enable the implementation of workplace health promotion programs. The communication delivery infrastructures for such information and advice has primarily included websites, phone and ‘in person’ worksite visits<sup>14,15,16</sup>.
- **Existing services, which are generally ‘fee for service’ do not demonstrate how to construct a healthy workplace:** Private providers supply a variety of workplace health promotion programs in NSW. Programs offered by private providers are either offered to employers at a cost, or as part of a package of other services<sup>17</sup>. Not all businesses can afford to employ private providers. Also, they generally only encourage individual behaviour change as opposed to encouraging sustainable organisational and workplace environmental change and do not demonstrate to workplaces how to construct a healthy workplace.

## 22. Contribution to performance benchmarks:

The purpose of the overall NSW Healthy Workers Initiative is to prevent lifestyle-related chronic diseases in people in paid employment by addressing modifiable lifestyle risk factors of poor nutrition, physical inactivity, overweight and obesity, smoking, and harmful alcohol consumption; in and through workplaces. The contribution of the NSW Healthy@Work Organisational Support Service to such performance benchmarks is noted in Table 5.

**Table 5: Contribution to performance benchmarks**

NSW Healthy@Work Organisational Support Service	Performance Benchmark
Increased proportion of employers and their representatives with workplace health promotion activities, programs, policies or environmental changes that support employees in key health behaviours related to the Commonwealth performance benchmarks.	Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of adults at healthy weight returned to baseline level by 2015.
Increased proportion of employees with access to activities, programs, policies or environments in their workplace that support the adoption and maintenance of health behaviours related to the Commonwealth performance benchmarks.	Increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; 0.6 for fruits and 1.5 for vegetables from baseline by 2015.
Increased proportion of employees who participate in activities and/or use facilities in the workplace that support the adoption and maintenance of health behaviours related to the Commonwealth performance benchmarks.	Increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5% from baseline for each state by 2013; 15 per cent from baseline by 2015.
	Reduction in state baseline for proportion of adults smoking daily commensurate with a two percentage point reduction in smoking from 2007 national baseline by 2011; 3.5 percentage point reduction from 2007 national baseline by 2013.

## 23. Policy consistency:

### 23.1 National policy context

This activity is consistent with the Australian Government policy framework (Attachment A) as it will:

- Ensure information, advice and support is tailored to: various industry types; small, medium and large businesses; taking into consideration the type and structure of the workforce;
- Ensure its information, advice and support addresses: physical activity, healthy eating, weight, the harmful/hazardous consumption of alcohol and smoking across workplace environmental change, organisational policy and cultural change and individual behaviour change;
- Primarily focus on primary prevention, but also secondary prevention;
- Focus on engaging with people in paid employment, regardless of their age, but will ensure specific focus of those age 35-55;
- Not further stigmatise obesity and other applicable health conditions or behaviours; and
- Not fund substantial built environment or hard infrastructure of any kind within workplaces or communities.

### 23.2 NSW policy context

The establishment and effective promotion of the NSW Healthy@Work Organisational Support Service has

clear synergy with a number of priorities identified in the NSW Government's State Plan and NSW State Health Plan namely:

- Reduce smoking rates;
- Reduce total risk drinking;
- Prevent further increases in the prevalence of adult obesity;
- Improve health in the community;
- Reduce potentially preventable hospital admissions;
- Increase walking and cycling;
- Increase the number of people using parks; and
- Increase the number of people participating in sporting activities.

#### **24. Target group(s):**

The NSW Healthy@Work Organisational Support Service will target all size workplaces, but will primarily focus on medium and large businesses and industries with:

- Significant numbers of employees with greater risk of chronic diseases including:
  - High rates of overweight or obesity;
  - Low levels of fruit intake;
  - Low levels of vegetable intake;
  - Low levels of physical activity; and
  - High rates of smoking.

There will be four avenues in which workplaces will be targeted:

- Peak Industry Associations;
- Peak Employer Bodies such as Chambers of Commerce;
- Peak associations focused on meeting the needs of specific populations within the business sector such as the Aboriginal business community; and
- Employers directly.

Within those organisations the Service will target people such as Human Resource and Occupational Health and Safety Officers or others (executives, managers, employee), who may be able to take a leadership role in their organisation to construct a healthy workplace.

In addition to receiving employer requests for information and support the Service will proactively target the following workplaces / industries / occupations that:

- Have employees with significantly greater risk of chronic diseases;
- Have been identified through further scoping and research activities where there are significant numbers of people working in blue collar occupations;
- Have been identified through further scoping and research activities where there are significant numbers of Aboriginal and Torres Strait Islanders employees;
- Have significant numbers of employees from culturally and linguistically diverse backgrounds; and
- Are in rural and remote areas.

## 25. Stakeholder engagement:

### 25.1 Consultation and Formative Research

NSW Health has undertaken developmental activities, research and extensive consultation with a range of stakeholders for the purposes of:

- Facilitating commentary on the appropriateness, efficacy and relevance of strategies detailed in this Implementation Plan;
- Harnessing support for those strategies and activities which require implementation across a range of stakeholders;
- Ensuring appropriate engagement and support generally for the strategies and activities of the NSW Healthy Workers Initiative; and
- Ensuring target populations' perspectives and values are incorporated.

Consultation has included stakeholders internal to the Department, NSW Area Health Services, other NSW Government Departments, non-Government Organisations and academic institutions.

NSW Health has formal agreements with the Aboriginal Health and Medical Research Council and the Physical Activity, Nutrition and Obesity Research Group at the University of Sydney for the purpose of providing ongoing technical support and evidence-based expertise relevant to the National Partnership Agreement on Preventive Health, in particular the NSW Healthy Workers Initiative.

Further, NSW Health has conducted a consultation specifically with the business sector including: employers, peak employer bodies, peak industry bodies, unions, and small, medium and large organisational representatives and employees. Of particular interest to this component of the NSW Healthy Workers Initiative are the findings from consultations with business, peak groups, unions and private and public workplaces and businesses, of noteworthy:

- The NSW Healthy@Work Organisational Support Service was seen as positive and appealing to all business types;
- Stakeholders highlighted the importance of offering information through a combination of website, phone and face to face processes;
- Considerable strength of the proposed approach was that it will seek to provide tangible support to employers and employees, which allows options to access information.

NSW Health will continue to consult and work in collaboration with key partners as the NSW Healthy Workers Initiative is further developed and then implemented over the four years from July 2011.

### 25.2 Stakeholder Engagement

**Table 6: Stakeholder engagement strategy**

Stakeholder	Strategy
Workplaces and Employers Peak Industry Associations Peak Employer Bodies such as Chambers of Commerce Peak associations focused on meeting the needs of identified populations within the business sector such as the Aboriginal business community	Further consultation will be undertaken with peak industry associations, employer bodies, and organisations representing the needs of identified population groups such as Aboriginal people to ensure that the strategy development is acceptable, relevant and salient.

## 26. Risk identification and management:

Table 7 below presents the potential risk of this intervention and proposed management strategies.

**Table 7: Risk identification and management**

Risk	Management Strategy
Interventions across the National Partnership Agreement on Preventive Health are siloed and fragmented.	NSW Health will establish a comprehensive governance structure for the National Partnership Agreement on Preventive Health and will put into place practical strategies e.g. working groups, networks, to encourage cross-intervention communications and identify synergies and linkages across the National Partnership Agreement on Preventive Health interventions particularly in relation to the Measure Up, Social Marketing Initiative and the NSW Healthy Children's Initiatives.
Workplaces are not aware of NSW Healthy@Work Organisational Support Service.	The NSW Healthy Workers Initiative will be underpinned by a social marketing framework aimed at generating awareness and usage of components of the Initiative. Importantly it will also assist in ongoing engagement and communication with workplaces and workers to further the objectives of the NSW Healthy@Work Organisational Support Service.
Stakeholders concerns act as a barrier to participation, privacy and role in initiative.	Consultations and formative research with relevant agencies has begun to ensure support for the delivery of the intervention across the state.
Workplaces chose not to participate in the intervention.	<p>Such agencies include the business sector including: employers, peak employer bodies, peak industry bodies, unions, and small, medium and large organisational representatives and employees as well as NSW Area Health Services, NSW Government Departments, non-Government Organisations and academic institutions.</p> <p>The NSW Healthy Workers Initiative will ensure minimal to no costs levied on employers, ensuring that 'red tape' does not act as a barrier for small business. It will also ensure high levels of confidentiality to protect worker privacy. Implementation of interventions will also be cognisant of activities impacting on the business community such as end of financial year.</p> <p>This activity will commence with early adopters and once momentum is gained spread to more difficult to reach workplaces. During this process, "light house" initiatives where momentum has already commenced will be identified and captured in case studies.</p> <p>This consultation and engagement with key stakeholders will continue throughout the interventions development and delivery. Further stakeholders will be identified in this process.</p>
Workplaces do not implement the key messages and activities provided by The Service.	<p>The implementation model proposed for this intervention includes the provision of websites, telephone support and onsite visits to support for the implementation of workplace health promotion and aligns with contemporary business practice.</p> <p>The intervention, its delivery mechanism, information, support and advice will be designed through extensive formative research and concept testing in collaboration with the business sector and workplaces. This is to ensure that the strategy development is acceptable, relevant and salient.</p> <p>The provision of tools and resource will assist in the practical</p>

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implementation of activities in and through workplaces.

The intervention is not completed within the proposed time frame or within available resources

An extensive Project Management Framework will be established for the NSW Healthy Workers Initiative. Detailed project plans including a schedule of prioritised tasks and deliverables will be developed. The initiative will be segmented into stages with internal resources identified. Governance systems will be established. Mechanisms for monitoring implementation progress as well as methods of identifying and responding to implementation issues in a timely manner will be included.

NSW Health will provide information and consult regularly with delegates (Deputy Director-General, Director-General, Minister for Health, Premiers and Cabinet, Treasury, and Commonwealth).

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## **27. Evaluation:**

### **27.1 NSW Healthy Workers Initiative Evaluation Framework**

NSW Health in collaboration with experts in the field of evaluation and intervention research is currently developing the evaluation framework for the NSW Healthy Workers Initiative. The evaluation of NSW Healthy@Work Organisational Support Service will occur within the context of this comprehensive evaluation framework.

### **27.2 NSW Healthy@Work Organisation Support Service**

As detailed above, a specific evaluation plan NSW Healthy@Work Organisational Support Service is under development. It is anticipated that an independent evaluation of this Service will occur. This will include quality assurance measures as well as process and impact evaluation, and an analysis of the costs involved in delivering the intervention against the results achieved.

- **Process:** will include measuring the adoption of NSW Healthy@Work Organisational Support Service and the extent to which it has been delivered as intended. NSW will evaluate the implementation of the service from user and service delivery perspectives. It is anticipated that a minimum data set will be used to gather process data as well as support total quality improvement.
- **Impact:** will include measuring changes in policy and practice at the organisational level; evaluate the effectiveness of the Service on users in terms of business and organisational benefits and participation of employees.
- **Costing:** will assess the costs and cost-effectiveness of delivering the NSW Healthy@Work Organisational Support Service

Other supporting evaluation tools:

- **Employer Survey:** NSW Health in collaboration with experts in the field of evaluation will develop a survey of NSW Employers. It is likely that the survey will address: current engagement in workplace health promotion activity, how programs are structured and managed within different types of businesses; how comprehensive programs are in terms of the type of activities they include and the risk factors they address; and track awareness of the benefits of health promotion, barriers to implementation of programs, beliefs, attitudes and intentions.

## **28. Infrastructure:**

### **28.1 Australian Government Infrastructure**

Under the National Partnership Agreement on Preventive Health, the Australian Government is responsible

for the following components relevant to the NSW Healthy Workers Initiative:

- National Healthy Workplace Charter with peak employer groups;
- Voluntary competitive benchmarking;
- Nationally agreed standards of workplace based prevention; and
- National awards for healthy workplace.

## **28.2 NSW Health Infrastructure**

The NSW Healthy Workers Initiative will be underpinned by the development of new infrastructure in NSW. It envisages that this will include the establishment of a free state-wide telephone, website and on site workplace Service that facilitates the provision of information and advice to support employers implement workplace health promotion activities including environmental and policy changes.

## **29. Implementation schedule:**

**Table 8: Implementation schedule**

<b>Deliverables and Milestones</b>	<b>Due date</b>
Formative research on the NSW Healthy@Work Organisational Support Service including the delivery mechanism, information, support and advice.	January 2012
Formative research of the Service tools, resources and case studies.	January 2012
Development of infrastructure website, telephone service and on site workplace service.	June 2012
Development and printing of the website, telephone and on site workplace service information, tools, case studies and resources.	June 2012
Delivery of the Service.	Late 2012

Notes: This timeframe is pending approval of this Implementation Plan by the Commonwealth by 31 December 2010 as per National Implementation Plan timelines. This timeframe is pending appointment of a successful tenderer.

## **30. Responsible officer and contact details:**

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Fax: +61 2 93919579  
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## **31. Activity budget:**

**Table 9: Activity budget (\$ million)**

*This table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes.*

## ACTIVITY DETAILS

### Activity TWO:

#### NSW Get Healthy Service Workplace Strategy

#### 32. Overview:

The NSW Get Healthy Information and Coaching Service<sup>®</sup> is an existing free and confidential telephone-based Service that provides information and ongoing support to NSW adults who would like to eat healthier, be more active or achieve and maintain a healthy weight.

By visiting the NSW Get Healthy Information and Coaching Service<sup>®</sup> website [www.gethealthynsw.com.au](http://www.gethealthynsw.com.au) or by calling the Service on 1300 806 258 (Monday - Friday 8am - 8pm), NSW residents can be sent a detailed information kit or elect to take part in a six month coaching program (approximately ten calls over six months). The coaching program is individualised, offers participants' access to their own University qualified health coach to assist them set healthy lifestyle goals, overcome barriers and setbacks, maintain motivation and achieve long term lifestyle changes.

Current marketing and promotional strategies of the NSW Get Healthy Information and Coaching Service<sup>®</sup> have not fully tapped into workplace settings. Leveraging the considerable investment NSW Health has made in the establishment and ongoing provision of the Service which will continue independent of the NSW Healthy Workers Initiative, this specific activity will target both workplaces and workers.

The purpose of the NSW Get Healthy Service Workplace Strategy is to provide support for workplaces to both promote and facilitate employees' use of the NSW Get Healthy Information and Coaching Service<sup>®</sup> in and through workplaces. This Strategy includes:

- The development and delivery of an 'Engagement Package' for workplaces that can be used to gain organisational support, promote and facilitate the use of the NSW Get Healthy Information and Coaching Service<sup>®</sup> within and through workplaces;
- Approaching key industry, employer and employee bodies to encourage them to use this package within their own organisations and promote the use of the package to their members. In particular the Strategy will target workplaces and industries that have:
  - Significant numbers of employees with greater risk of chronic diseases;
  - Significant number of people working in blue collar occupations;
  - Significant numbers of Aboriginal and Torres Strait Islanders;
  - Significant numbers of people from culturally and linguistically diverse backgrounds; and
  - Are in rural and remote areas.
- Directly marketing the availability of the package to employers and targeted employers; and
- Marketing the availability of this package and encouraging its use within workplace as part of a comprehensive workplace health promotion program through the NSW Healthy@Work Organisational Support Service.

### 33. Outputs:

The NSW Get Healthy Service Workplace Strategy incorporates the following outputs.

**Table 10: Outputs for the NSW Get Healthy Service Workplace Strategy**

Description	Quantity*	Timeframe
<p>Formative research on ‘Engagement Package’ resources including a Workplace Challenge Toolkit.</p> <p>This research will include but is not limited to exploring the perspectives of:</p> <ul style="list-style-type: none"> <li>• People working in blue collar occupations;</li> <li>• Aboriginal and Torres Strait Islanders employees;</li> <li>• People from culturally and linguistically diverse backgrounds who are employed; and</li> <li>• People working in rural and remote areas.</li> </ul>	<p><i>Information in this table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes.</i></p>	<p>January 2011<sup>3</sup> to June 2011</p>
<p>Development and printing of ‘Engagement Package’ including a Workplace Challenge Toolkit.</p> <p>The Engagement package will be tailored to the needs of workplaces that have:</p> <ul style="list-style-type: none"> <li>• Significant number of people working in blue collar occupations;</li> <li>• Significant numbers of Aboriginal and Torres Strait Islanders;</li> <li>• Significant numbers of people from culturally and linguistically diverse backgrounds; and</li> <li>• Are in rural and remote areas.</li> </ul>		<p>July 2011 to December 2011</p>
<p>Delivery of ‘Engagement Packages’ including a Workplace Challenge Toolkit.</p> <p>The Engagement package will be tailored to the needs of workplaces that have:</p> <ul style="list-style-type: none"> <li>• Significant number of people working in blue collar occupations;</li> <li>• Significant numbers of Aboriginal and Torres Strait Islanders;</li> <li>• Significant numbers of people from culturally and linguistically diverse backgrounds; and</li> <li>• Are in rural and remote areas.</li> </ul>		<p>January 2012 onwards January 2012 onwards January 2012 onwards January 2012 onwards January 2012 onwards</p>

\*Note: The quantity of outputs will be reviewed and refined once new information from formative research emerges.

<sup>3</sup> Pending approval of this Implementation Plan by the Commonwealth by 31 December 2010 as per National Implementation Plan Guidelines.

Where appropriate and feasible, the differential needs of workers and workplaces will be explored at all stages of development (formative research, concept testing, resource and case study development, service development, service delivery, monitoring and evaluation).

This may include, but is not limited to the needs of workplaces / industries / occupations that have been identified through further scoping and research activities where there are:

- Significant numbers of employees with greater risk of chronic diseases;
- Significant number of people working in blue collar occupations;
- Significant numbers of Aboriginal and Torres Strait Islanders;
- significant numbers of people from culturally and linguistically diverse backgrounds; and
- Workplaces in rural and remote areas.

Where appropriate and feasible, working groups with responsibility of addressing specific target populations needs may be established to ensure input and values are incorporated into activities.

### 34. Outcomes:

The NSW Get Healthy Service Workplace Strategy is anticipated to provide outcomes for workplaces.

**Table 11: Outcomes for NSW Get Healthy Service Workplace Strategy - Workplaces**

Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
Increased proportion of employers and their representatives that are aware of the engagement package for the NSW Get Healthy Information and Coaching Service <sup>®</sup> .	Increased proportion of employers and their representatives that use the Engagement Package to promote the Get Healthy Information and Coaching Service <sup>®</sup> to their employees.	Increased proportion of employees who contact the NSW Get Healthy Information and Coaching Service <sup>®</sup> as a result of the promotion of the Service in their workplace.
	Increased proportion of employees who are aware of the NSW Get Healthy Information and Coaching Service <sup>®</sup> through their workplace.	Increased proportion of employees who receive information and support from the NSW Get Healthy Information and Coaching Service <sup>®</sup> * as a result of the promotion of the Service in their workplace.

\*Note: A description of the NSW Get Healthy Information and Coaching Service<sup>®</sup> as well as a detailed list of the expected outcomes for the Service is provided in Appendix 3.

### 35. Rationale:

#### 35.1 Rationale for telephone based behaviour change programs

Research has shown that chronic disease risk factors including high body mass index, physical inactivity low fruit and vegetable consumption and smoking are potentially modifiable and there is growing evidence that behaviour change programs can be effective. There is strong evidence supporting the efficacy of telephone interventions aimed at promoting lifestyle behaviour change in relation to nutrition and physical activity for a range of populations<sup>18</sup>. Tailored telephone counselling (non-computer based) has shown positive results in several recent Randomised Control Trials<sup>19,20,21,22,23</sup> and there is emerging evidence on the effectiveness of risk factor interventions in middle age populations. There is also evidence for the short – medium term effectiveness of computer tailored and expert system, nutrition information and to a lesser extent physical activity education<sup>24 25 26 27</sup>.

Early evaluation data from the Service, suggests that the coaching program is successful at bringing about lifestyle changes in relation to healthy eating, being more active and weight loss as well as reaching those most vulnerable. These results have included:

- An average weight loss of 3.45kg and 4.61cm decrease in waist circumference after completing the 6 month coaching program;
- Proportion of participants who's Body Mass Index placed them in the obese range decreased from 53.8% at baseline to 42.3% at six months, a decline of over 11 per cent;
- Participants have made changes to become healthier such as increasing physical activity levels, eating more fruits and vegetables, reducing take away meals, drinking low fat milks and reducing sweetened drinks, such as cordial or soft drinks;
- 42.7% of Service participants having a high school education (25.8% year 10 or below) (February 2009 - January 2010 data);
- 45.9% of Service participants being in the lowest 2 Socioeconomic Index for Areas (SEIFA) quintiles and 68% in the bottom 3 quintiles (February – December 2009 data);
- A higher proportion of NSW adults from 'inner regions', 'outer regions' and 'rural/very remote areas' are accessing the Service compared to the 'Accessibility Remoteness Index' (February – December 2009); and
- 2.3% of Service participants have identified as being Aboriginal (February 2009 - January 2010 data).

### **35.2 Rationale for targeting the NSW Get Healthy Information and Coaching Service<sup>®</sup> to workplaces and workers**

NSW Health established the NSW Get Healthy Information and Coaching Service<sup>®</sup> in February 2009 following substantial formative research. This telephone service provides information and ongoing behaviour change support for NSW adults in relation to healthy eating, physical activity and achieving and maintaining a healthy weight.

The Service is ideally placed to be a significant activity for the NSW Healthy Workers Initiative for the following reasons as:

- **The Service has not yet been promoted in workplaces.** The focus of current Service marketing has focused on the broader adult population. Also, as noted in Section 36.1. early evaluation data from the Service suggests that the coaching program is successful at bringing about lifestyle changes in relation to healthy eating, being more active and weight loss as well as reaching those most vulnerable. Given two thirds of the adult population is currently in paid employment, it is appropriate to utilise this funding to raise awareness of the Service specifically within the market, not-for-profit and public sector workplaces. In particular, leveraging this setting for the promotion of the Service to people in blue collar occupations, Aboriginal people, people from culturally and linguistically diverse backgrounds and workplaces in rural and remote areas.
- **There are significant synergies between the National Measure Up campaign including both the target group and targeted behaviours.** The evaluation of the Measure Up Campaign has identified that the Measure Up campaign has been most effective at raising awareness and changing knowledge, attitudes and beliefs about the risk factors associated with chronic disease, providing the target audience with the "why" behaviour change is important. Phase two of the Measure up Campaign, which is currently under development will focus on the "how" of behaviour change. This aligns with the Get Healthy Service as the Get Healthy Service provides the next step in successful behaviour change. It adds to the priming steps of behaviour change achieved by the Measure Up campaign by providing ongoing behaviour change support through a 6 month coaching program. This activity also allows the messages of the Measure Up Campaign be reinforced in the workplace setting.

- **This is a free NSW Government Service.** The fact that the Service is free appeals to employers and employees, particularly those with fewer resources. It also appeals to those small businesses for which the more expansive and detailed activities of the NSW Healthy@Work Organisational Support Service may not be appropriate. It is acknowledged that smaller organisations may have less time and fewer resources to dedicate to additional workplace activities, policies or organisational changes.
- **The Service is individually focused and ongoing.** The Service provides ongoing coaching for 6 months based on individually-tailored goal-setting underpinned by the stages of change behavioural change model. At the completion of the program, if individuals require additional support they are able to re-enrol into the Service and work on another health goal. The calls are scheduled every few weeks and are developed around each individual's schedule.
- **The Service refers people with specific needs regarding smoking and alcohol to appropriate services.** Service users are referred to services such as the Quitline or Alcohol and Drug Information Service as determined appropriate within the clinical governance structure of the Get Healthy Service.
- **Complementary strategies of organisational and individual change.** This component of the activities undertaken by NSW in relation to healthy workers complements and supports the NSW Healthy@Work Organisational Support Service which targets organisations and employers.
- **Positive reactions from peak associations, employers and employees regarding promoting the Service in the workplace.** Findings from formative research conducted by NSW Health with peak associations, employers and employees suggested that the NSW Get Healthy Information and Coaching Service® could be effectively promoted via the workplace and will provide opportunities for early engagement with those stakeholders.

### 36. Contribution to performance benchmarks:

As already identified, the aim of the NSW Healthy Workers Initiative is to prevent lifestyle-related chronic diseases in people in paid employment by addressing modifiable lifestyle risk factors of poor nutrition, physical inactivity, overweight and obesity, smoking, and harmful alcohol consumption; in and through workplaces. The NSW Get Healthy Information and Coaching Service® will assist individuals in and through the workplace implement behavioural changes in relation to healthy eating, physical activity, achieving or maintaining a healthy weight, reducing their smoking and reduce their harmful alcohol consumption.

Accordingly this intervention will contribute to the following performance benchmarks.

**Table 12: Contribution to performance benchmarks**

NSW Get Healthy Service Workplace Strategy	Performance Benchmarks
Increased proportion of employees who receive information and support from the NSW Get Healthy Information and Coaching Service® * as a result of the promotion of the Service in their workplace. This support and information may be about losing weight and/or decreasing their waist circumference.	Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of adults at healthy weight returned to baseline level by 2015.
Increased proportion of employees who receive information and support from the NSW Get Healthy Information and Coaching Service® * as a result of the promotion of the Service in their workplace. This support and information may focus on increasing fruit and vegetables consumption and undertake other healthy eating behaviours.	Increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; 0.6 for fruits and 1.5 for vegetables from baseline by 2015.
Increased proportion of employees who receive information and support from the NSW Get Healthy Information and	Increase in proportion of adults participating in at least 30 minutes of

Coaching Service <sup>®</sup> * as a result of the promotion of the Service in their workplace. This support and information may focus on increasing their moderate intensity physical activity, their vigorous intensity physical activity and their daily walking.	moderate physical activity on five or more days of the week of 5% from baseline for each state by 2013; 15 per cent from baseline by 2015.
Increased proportion of employees who receive information and support from the NSW Get Healthy Information and Coaching Service <sup>®</sup> * as a result of the promotion of the Service in their workplace. This support and information may be in regards a Quitline referral where appropriate and identified by the participant as being relevant.	Reduction in state baseline for proportion of adults smoking daily commensurate with a two percentage point reduction in smoking from 2007 national baseline by 2011; 3.5 percentage point reduction from 2007 national baseline by 2013.

### **37. Policy consistency:**

#### **37.1 National policy context**

This activity is consistent with the Australian Government policy framework (Attachment A) as it will:

- Ensure information, advice and support are tailored to: various industry types; small, medium and large businesses; taking into consideration the type and structure of the workforce;
- Ensure its information, advice and support addresses: physical activity, healthy eating, weight, the harmful/hazardous consumption of alcohol and smoking across workplace environmental change, organisational policy and cultural change and individual behaviour change. Mental health will be included as a component of this intervention but will not be the focus of the intervention;
- Primarily focus on primary prevention, but also secondary prevention;
- Focus on engaging with people in paid employment, regardless of their age, but will ensure specific focus of those age 35-55;
- Not further stigmatise obesity and other applicable health conditions or behaviours; and
- Not fund substantial built environment or hard infrastructure of any kind within workplaces or communities.

#### **37.2 NSW policy context**

The establishment and effective promotion of the NSW Get Healthy Information and Coaching Service<sup>®</sup> has clear synergy with a number of priorities identified in the NSW Government's State Plan and NSW State Health Plan namely:

- Reduce smoking rates;
- Reduce total risk drinking;
- Prevent further increases in the prevalence of adult obesity;
- Improve health in the community;
- Reduce potentially preventable hospital admissions;
- Increase walking and cycling;
- Increase the number of people using parks; and
- Increase the number of people participating in sporting activities.

It is important to recognise the role the Australian Better Health Initiative had in establishing and promoting the NSW Get Healthy Information and Coaching Service<sup>®</sup>. The NSW Get Healthy Information and Coaching Service<sup>®</sup> was established through funding provided through the Council of Australian Government's

Australian Better Health Initiative. Funding through the National Partnership Agreement on Preventive Health builds on these considerable efforts.

### **38. Target group(s):**

#### **38.1 Workplaces:**

The Get Healthy Service Workplace Strategy will target all sized workplaces, with a primary focus on non-employing and small businesses and industries with:

- Significant numbers of employees with greater risk of chronic diseases including:
  - High rates of overweight or obesity;
  - Low levels of fruit intake;
  - Low levels of vegetable intake; and
  - Low levels of physical activity.

There will be four avenues in which workplaces will be targeted:

- Peak Industry Associations;
- Peak Employer Bodies such as Chambers of Commerce;
- Peak associations focused on meeting the needs of specific population within the business sector such as the Aboriginal business community; and
- Employers directly.

#### **38.2 Workers:**

The NSW Get Healthy Information and Coaching Service<sup>®</sup> currently targets adults who have one or more of the following risk factors for developing chronic diseases:

- Not meeting healthy eating guidelines;
- Physical inactivity; and
- Being overweight.

There will be two avenues in which workers will be targeted:

- Peak Employee Bodies such as Unions and professional bodies; and
- Employees directly through their workplaces.

### **39. Stakeholder engagement:**

#### **39.1 Consultation and Formative Research**

As detailed previously, NSW Health has undertaken developmental activities, research and extensive consultation with a range of stakeholders for the purposes of:

- Facilitating commentary on the appropriateness, efficacy and relevance of activities detailed in this Implementation Plan;
- Harnessing support for those activities which require implementation across a range of stakeholders;
- Ensuring appropriate engagement and support generally for the activities of the NSW Healthy Workers Initiative; and
- Ensuring target populations perspectives and values are incorporated.

Further, NSW Health has conducted a consultation specifically with the business sector and associated

stakeholders including: employers, peak employer bodies, peak industry bodies, unions, and small, medium and large organisational representatives and employees. The results of the research support the purpose and parameters of this project, in particular it was noted that:

- There is an opportunity for the workplace to play a central role in encouraging better health related behaviours;
- There were positive reactions to the idea of promoting the Get Healthy Information and Coaching Service<sup>®</sup> through the workplace; and
- The notion of including the workplace as an opportunity for group participation in a Service like the Get Healthy Service was highlighted as one of its key potential successes.

NSW Health will continue to consult and work in collaboration with key partners as the NSW Healthy Workers Initiative is further developed and then implemented over the four years from July 2011.

### 39.2 Stakeholder Engagement

**Table 13: Stakeholder engagement strategy**

Stakeholder	Strategy
Workplaces and Employers Peak Industry Associations Peak Employer Bodies such as Chambers of Commerce Peak associations focused on meeting the needs of identified populations within the business sector such as the Aboriginal business community	Further consultation will be undertaken with peak industry associations, employer bodies, and organisations representing the needs of identified population groups such as Aboriginal people to ensure that the strategy development is acceptable, relevant and salient.
Workers Peak Employee Bodies such as Unions Peak associations focused on meeting the needs of identified populations Employees	Further formative research will be undertaken with workers to ensure that the development and implementation of these activities are acceptable, relevant and salient to the target audience.

### 40. Risk identification and management:

The table below presents the potential risk of this intervention and proposed management strategies.

**Table 14: Risk identification and management**

Risk	Management Strategy
Workplaces are not aware of The Service	The NSW Healthy Workers Initiative will be underpinned by a social marketing framework aimed at generating awareness and usage of components of the Initiative. Importantly it will also assist in ongoing engagement and communication with workplaces and workers to further the objectives of the NSW Get Healthy Service Workplace Strategy.
Stakeholders concerns act as a barrier to participation, privacy and roll in initiative	Consultations and formative research with relevant agencies has begun to ensure support for the delivery of the intervention across the state.  Such agencies include the business sector including: employers, peak employer bodies, peak industry bodies, unions, and small, medium and large organisational representatives and employees as well as NSW Area Health

Workplaces choose not to participate in the intervention	<p>Services, NSW Government Departments, non-Government Organisations academic institutions.</p> <p>The NSW Healthy Workers Initiative will ensure minimal to no costs levied on employers, ensuring that ‘red tape’ does not act as a barrier for small business. It will also ensure high levels of confidentiality to protect worker privacy.</p> <p>This consultation and engagement with key stakeholders will continue throughout the interventions development and delivery. Further stakeholders will be identified in this process.</p>
Workplaces do not implement the key messages and activities provided by The Service	<p>The implementation model proposed for this intervention includes the provision of websites, telephone support and onsite visits to support for the implementation of workplace health promotion and aligns with contemporary business practice.</p> <p>The intervention, its delivery mechanism, information, support and advice will be designed through extensive formative research in collaboration with the business sector and workplaces. This is to ensure that the strategy development is acceptable, relevant and salient.</p> <p>The provision of tools and resource will assist in the practical implementation of activities in and through workplaces.</p>
The intervention is not completed within the proposed time frame or within available resources	<p>An extensive Project Management Framework will be established for the NSW Healthy Workers Initiative.</p> <p>Detailed project plans including a schedule of prioritised tasks and key deliverables will be developed. The initiative will be segmented into stages with internal resources that can be utilised identified. Governance systems will be established. Mechanisms for monitoring implementation progress as well as methods of identifying and responding to implementation issues in a timely manner will be included.</p> <p>NSW Health will provide information and consult regularly with delegates (Deputy Director-General, Director-General, Minister for Health, Premiers and Cabinet, Treasury, and Commonwealth).</p>
Interventions across the National Partnership Agreement on Preventive Health are siloed and fragmented	<p>NSW Health will establish a comprehensive governance structure for the National Partnership Agreement on Preventive Health and will put into place practical strategies e.g. working groups, networks, to encourage cross-intervention communications and identify synergies and linkages across the National Partnership Agreement on Preventive Health interventions particularly in relation to the Measure Up, Social Marketing Initiative and the NSW Healthy Children’s Initiatives.</p>

## **41. Evaluation:**

### **41.1 Evaluation of the NSW Get Healthy Service Workplace Strategy**

The evaluation of the NSW Get Healthy Information and Coaching Service<sup>®</sup> includes the following components:

- Service usage information (that monitors the number of calls to the Service and unique website visitors; key demographic information regarding information and coaching participants and further that records the source of “referral” from Service participants); and

- University of Sydney independent evaluation of the Get Healthy Service.

In relation to the University of Sydney independent evaluation of the NSW Get Healthy Information and Coaching Service<sup>®</sup> includes:

- **Process:** evaluate the implementation of the Service from user and service delivery perspectives;
- **Impact:** evaluate the effectiveness of the Service on users [in terms of information, cognitive and behaviour change]; and
- **Economic evaluation:** evaluate the costs and cost-effectiveness of the GHS.

The components of the evaluation which are of most relevant to the Get Healthy Service as part of the NSW Healthy Workers Initiative under the National Partnership Agreement on Preventive Health are the process and impact evaluation.

- **Process evaluation:** Information is collected in relation to age, gender, employment status, level of educational attainment, language spoken at home, Aboriginal or Torres Strait Islander status, source of referral to the Service (including workplace/employer), and information to calculate Accessibility/Remoteness Index of Australia (ARIA) and Socio-Economic Indexes for Areas (SEIFA) status.
- **Impact evaluation:** All coaching participants have information collected by the coaches at week 0, week 12 and week 26; further the University of Sydney also undertake an independent follow up study with a cohort of Service users where information is collected at week 0, week 12 and 6 month follow up at week 52. Monitoring the key performance indicators at 6 months following the coaching program is an important impact evaluation activity as the sustained effect of the intervention is worthy of detailed investigations.

#### **41.2 Evaluation of Workplaces Strategy promoting the NSW Get Healthy Information and Coaching Service<sup>®</sup>**

NSW Health is currently developing the evaluation framework for the NSW Healthy Workers Initiative which will include detailed information on how this Strategy will be evaluated, however it is envisaged that it will include the following process information:

As part of minimum data set:

- Service delivery data including the number of engagement packages distributed to employers and peak bodies (collect service delivery data); and
- Occasions of contact information including the number of employers who contact the Service and request information about this package and records of contact with peak groups by staff members promoting the availability of the Service.

Other options currently under consideration:

- Use of the engagement package by employers including case studies of businesses that have used the engagement package;
- Pilot study of group access to NSW Get Healthy Information and Coaching Service<sup>®</sup> through specific employers;
- Number of employers satisfied with the kit - Follow-up of Service users for quality improvement purposes; and
- Key stakeholder interviews as part of quality improvement and proactive approach to engage these stakeholders including information on how they have promoted the kits to members and how satisfied they were with the materials provided.

## Survey of NSW Employers

- Awareness of the Get Healthy Service by employers;
- How employers heard about the Get Healthy Service;
- Employers who have received the workplace engagement package and from what source; and
- Employers that have promoted the Service in their workplace and the extent to which they promoted the Service.

### **41.3 Evaluation of Workers who participate in the NSW Get Healthy Service**

As previously detailed, NSW Health is currently developing the evaluation framework for the NSW Healthy Workers Initiative, however it is envisaged the Get Healthy Service will collect a minimum data set that includes information such as age, gender, employment status, level of educational attainment, language spoken at home, identification as an Aboriginal or Torres Strait Islander, source of referral to the Service (including workplace/employer), and information to calculate Accessibility/Remoteness Index of Australia (ARIA) and Socio-Economic Indexes for Areas (SEIFA) status. The minimum data set will also collect self reported impact data such as body mass index and other relevant health behaviours. In addition, it is considered that a cohort study may be undertaken to gather further information on those participants who have identified that they heard about the Get Healthy Service through their workplace, including:

- Status of participation in the Service through employer (i.e. during work hours with permission from employer, part of comprehensive workplace health promotion program etc);
- Employment status (employee, own account worker, employer);
- Location of workplace;
- Industry category of workplace;
- Occupation category; and
- Number of employees.

### **42. Infrastructure:**

Existing NSW Health infrastructure will be utilised to support the NSW Healthy Workers Initiative hence substantial infrastructure savings will be achieved.

### **43. Implementation schedule:**

**Table 15: Implementation schedule**

<b>Deliverable and Milestones</b>	<b>Due date</b>
Formative research on 'Engagement Package' resources including a Workplace Challenge Toolkit	June 2011
Design and printing of 'Engagement Package' including a Workplace Challenge Toolkit	December 2011
Delivery of 'Engagement Package' including a Workplace Challenge Toolkit	January 2012

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Formative research on 'Engagement Packages' targeting workplaces and industries that have:

- Significant numbers of employees with greater risk of chronic diseases;
- Significant number of people working in blue collar occupations;
- Significant numbers of Aboriginal and Torres Strait Islanders;
- Significant numbers of people from culturally and linguistically diverse backgrounds; and
- Are in rural and remote areas.

June 2011

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Design and printing of 'Engagement Packages' targeting workplaces and industries that have:

- Significant numbers of employees with greater risk of chronic diseases;
- Significant number of people working in blue collar occupations;
- Significant numbers of Aboriginal and Torres Strait Islanders;
- Significant numbers of people from culturally and linguistically diverse backgrounds; and
- Are in rural and remote areas.

December 2011

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Delivery of 'Engagement Packages' targeting workplaces and industries that have:

- Significant numbers of employees with greater risk of chronic diseases;
- Significant number of people working in blue collar occupations;
- Significant numbers of Aboriginal and Torres Strait Islanders;
- Significant numbers of people from culturally and linguistically diverse backgrounds; and
- Are in rural and remote areas.

January 2012

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**44. Responsible officer and contact details:**

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Locked Mail Bag 961, North Sydney NSW 2059  
Ph: +61 2 9391 9622  
Fax: +61 2 93919579  
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**45. Activity budget:**

**Table 16: Activity budget**

*This table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes.*

## ACTIVITY DETAILS

### Activity THREE:

#### NSW Healthy Workers Initiative Social Marketing Strategy

#### 46. Overview:

The NSW Healthy Workers Initiative will be underpinned by a Social Marketing Strategy aimed at generating awareness and usage of components of the Initiative. Importantly it will also assist in ongoing engagement and communication with workplaces and workers to further the objectives of the NSW Healthy@Work Organisational Support Service.

In relation to workplaces, the aim of the social marketing is to:

- Raise awareness of workplace health promotion generally;
- Promote the benefits (including benefits such as workplace cohesion, cost benefits, reduced absenteeism, classification of employer of choice) of adopting healthy workplace, policy and practices;
- Promote the benefits of employees adopting healthy behaviours to prevent ill-health and chronic disease;
- Persuade them that workplaces can play a key role in improving people's health;
- Promote awareness and use of the NSW Healthy@Work Organisational Support Service; and
- Recruit "champions" to participate in the NSW Healthy@Work Organisational Support Service and utilise these champions as part of the ongoing engagement and promotion of the Service.

In relation to employees, the aim of the social marketing is to:

- Raise awareness of workplace health promotion generally;
- Promote the benefits of adopting healthy behaviours within the workplace to prevent ill-health and chronic disease;
- Inform them about the benefits of achieving a health promoting workplace;
- Promote awareness and use of the NSW Healthy@Work Organisational Support Service; and
- Promote awareness and use of the NSW Get Healthy Information and Coaching Service<sup>®</sup>.

The phases of the Social Marketing Strategy, its messages, delivery channels and supporting activities will be determined through extensive formative research with a range of stakeholders such as employers, peak industry bodies, employees, unions and peak professional bodies.

#### 47. Outputs:

The NSW Healthy Workers Initiative Social Marketing Strategy incorporates the following outputs.

**Table 17: Outputs for NSW Healthy Workers Initiative Social Marketing**

Description	Quantity*	Timeframe
Development of a social marketing framework & communications strategy targeting workplaces.	<i>Information in this table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes.</i>	June 2011 – August 2011
Development of a social marketing framework & communications strategy targeting workers.		June 2011 – August 2011
Development of advertising agency brief – including the development of creative pitches and campaign/media strategy.		September 2011
Phase 1 of concept testing and research undertaken with target audience to select relevant creative.		October 2011
Creative executions developed and phase 2 of target audience testing undertaken.		December 2011
Creative executions refined and phase 3 of target audience testing undertaken.		February 2012
Creative executions finalised and developed for appropriate execution and placement.		April 2012 – Late 2012
Workplace champions / case studies recruited.		April 2012 – Late 2012
Employee champions / case studies recruited.		April 2012 – Late 2012

\*Note: The quantity of outputs will be reviewed and refined once new information from formative research emerges.

Where appropriate and feasible, the differential needs of workers and workplaces will be explored at all stages of development (formative research, resource and case study development, service development, service delivery, monitoring and evaluation).

This may include, but is not limited to the needs of workplaces / industries / occupations that have been identified through further scoping and research activities where there are:

- Significant numbers of employees with greater risk of chronic diseases;
- Significant number of people working in blue collar occupations;
- Significant numbers of Aboriginal and Torres Strait Islanders;
- significant numbers of people from culturally and linguistically diverse backgrounds; and
- Are in rural and remote areas.

Where appropriate and feasible, working groups with responsibility of addressing specific target populations needs may be established to ensure input and values are incorporated into activities.

#### 48. Outcomes:

**Table 18: Outcomes for NSW Healthy Workers Initiative Social Marketing - Workplaces**

Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
Increased proportion of employers and their representatives are aware of relevant campaign messages and the availability of the NSW Healthy@Work Organisational Support Service.	Increased proportion of employers and their representatives who improve their knowledge, beliefs, attitudes and intentions in relation to these key messages and services.	Increased proportion of employers and their representatives contact the NSW Healthy @ Work Organisational Support Service.
Increased proportion of employees that are aware of the relevant campaign messages and the availability of the NSW Healthy@Work Organisational Support Service and the NSW Get Healthy Information and Coaching Service®.	Increased proportion of employees who improve their knowledge, beliefs, attitudes and intentions in relation to these key messages and services.	Increased proportion of employees contacts the NSW Get Healthy Information and Coaching Service®.

#### 49. Rationale:

##### 49.1 Workplaces as a health promotion setting

As previously outlined, the National Preventative Health Strategy<sup>28</sup> supports the World Health Organisation in recognising the workplace as a priority setting for health promotion<sup>29</sup>. Employees' health is influenced not only by their choices and action, but also by opportunities to make healthier choices; clearly these opportunities can be both limited by and offered in the workplace.

Promoting health in the workplace, or 'workplace health promotion' is about "enabling employees, employers and society to improve the health and wellbeing of people at work"<sup>30</sup>. This can be achieved through a combination of improving the work environment, organisation and encouraging personal development<sup>31</sup>.

##### 49.2 Promoting Workplace Health Promotion in NSW

As detailed above, considerable work is needed in NSW to develop infrastructure to deliver high quality and effective programs and to ensure programs developed reach a range of organisations (small, medium and large; rural and metropolitan; across a range of industries) and employee groups (full and part time; white and blue collar, for example) in a fair and equitable manner.

The NSW Healthy@Work Organisational Support Service and the NSW Get Healthy Service Workplace Strategy activities detailed previously in this Implementation Plan are aimed at developing the infrastructure, workplace support service and program and evidence based individualised assistance for workers and workplaces to implement healthy workplace policy and practice and accordingly impact on lifestyle risk factors including healthy eating, physical activity, healthy weight, smoking, and alcohol use.

##### 49.3 Social Marketing Strategy

With the development of these programmatic and service delivery arms of the NSW Healthy Workers Initiative, a detailed and comprehensive Social Marketing Strategy is required to generating awareness and usage of components of the Initiative.

Social marketing is broadly defined as the use of marketing techniques and principles to promote socially beneficial behaviour change<sup>32</sup>.

A well designed and implemented social marketing campaign has the ability to be effective at:

- Influencing awareness, knowledge, beliefs and attitudes (priming steps of behaviour change)<sup>33 34</sup>;
- Positively influences behaviours themselves<sup>35 36 37</sup>, particularly at a population level<sup>38</sup>;
- Promote awareness and use of services and programs<sup>39 40 41 42 43</sup>; and
- Importantly they can challenge attitudes and social norms and social expectations<sup>44 45 46</sup>.

The social marketing approach proposed to underpin the NSW Healthy Workers Initiative will be informed by comprehensive stakeholder consultation and formative research to ensure the messages, and the manner in which they are delivered, are relevant to workplaces and workers and across a range of key target groups. Supporting creative materials and activities undertaken by key partners will be responsive to local contexts and meet needs of specific workplaces and workers. The inclusion of supportive strategies is an important and necessary component of any well designed and successful social marketing campaign.

Further, the National Social Marketing Campaign "Measure up" has provided a level of awareness and knowledge in relation to chronic disease risk factors and modifiable lifestyle behaviours on which the proposed NSW Healthy Workers Initiative Social Marketing can build upon. The extension of the next phase of the Measure Up campaign will also provide complementary and synergistic messages to those proposed under this Implementation Plan. NSW Health will ensure that all Social Marketing activities proposed under the National Partnership Agreement on Preventive Health will be co-ordinated to ensure maximum impact and reach.

**50. Contribution to performance benchmarks:**

As previously detailed the aim of the NSW Healthy Workers Initiative is to prevent lifestyle-related chronic diseases in people in paid employment by addressing modifiable lifestyle risk factors of poor nutrition, physical inactivity, overweight and obesity, smoking, and harmful alcohol consumption; in and through workplaces. The development and implementation social marketing framework aimed at generating awareness and usage of components of the Initiative will also contribute to the following performance benchmarks:

**Table 19: Contribution to performance benchmarks**

NSW Healthy Workers Initiative Social Marketing	Performance Benchmarks
Increased proportion of employers and their representatives contact the NSW Healthy@Work Organisational Support Service and accordingly make changes that support employees in key health behaviours related to the Commonwealth performance benchmarks.	Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of adults at healthy weight returned to baseline level by 2015.
Increased proportion of employees contacts the NSW Get Healthy Information and Coaching Service <sup>®</sup> and accordingly takes positive actions to lose weight and/or decrease their waist circumference.	
Increased proportion of employers and their representatives contact the NSW Healthy@Work Organisational Support Service and accordingly make changes that support employees in key health behaviours related to the Commonwealth performance benchmarks.	Increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; 0.6 for fruits and 1.5 for vegetables from baseline by 2015.
Increased proportion of employees contacts the NSW Get Healthy Information and Coaching Service <sup>®</sup> and accordingly takes positive actions to increase their fruit and vegetables consumption and undertake other healthy eating behaviours.	

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Increased proportion of employers and their representatives contact the NSW Healthy@Work Organisational Support Service and accordingly make changes that support employees in key health behaviours related to the Commonwealth performance benchmarks.

Increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5% from baseline for each state by 2013; 15 per cent from baseline by 2015.

Increase in the proportion of workplaces and therefore workers in paid employment who receive information about health promotion in the workplace

Increased proportion of employees contacts the NSW Get Healthy Information and Coaching Service® and accordingly takes positive actions to increase their moderate and vigorous intensity physical activity and daily walking.

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Increased proportion of employers and their representatives contact the NSW Healthy@Work Organisational Support Service and accordingly make changes that support employees in key health behaviours related to the Commonwealth performance benchmarks.

Reduction in state baseline for proportion of adults smoking daily commensurate with a two percentage point reduction in smoking from 2007 national baseline by 2011; 3.5 percentage point reduction from 2007 national baseline by 2013.

Increased proportion of employees contacts the NSW Get Healthy Information and Coaching Service® and accordingly takes positive actions toward quitting smoking.

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## **51. Policy consistency:**

As detailed previously, the Healthy Workers Initiative and in particular this component of the Initiative is consistent with both National and NSW policies, as detailed below.

### **51.1 National policy context**

This activity is consistent with the Australian Government policy framework (Attachment A) as it will:

- Ensure information, advice and support are tailored to: various industry types; small, medium and large businesses; taking into consideration the type and structure of the workforce;
- Ensure its information, advice and support addresses: physical activity, healthy eating, weight, the harmful/hazardous consumption of alcohol and smoking across workplace environmental change, organisational policy and cultural change and individual behaviour change. Mental health will be included as a component of this intervention but will not be the focus of the intervention;
- Primarily focus on primary prevention, but also secondary prevention;
- Focus on engaging with people in paid employment, regardless of their age, but will ensure specific focus of those age 35-55;
- Not further stigmatise obesity and other applicable health conditions or behaviours; and
- Not fund substantial built environment or hard infrastructure of any kind within workplaces or communities.

### **51.2 NSW policy context**

The establishment and effective promotion of the NSW Healthy Workers Initiative has clear synergy with a number of priorities identified in the NSW Government's State Plan and NSW State Health Plan namely:

- Reduce the percentage of children overweight and obese;
- Reduce smoking rates;

- Reduce total risk drinking ;
- Prevent further increases in the prevalence of adult obesity;
- Improve health in the community;
- Reduce potentially preventable hospital admissions;
- Increase walking and cycling;
- Increase the number of people using parks; and
- Increase the number of people participating in sporting activities.

## **52. Target group(s):**

In support of the previously described activities, the target group from the Social Marketing includes:

### **52.1 Workplaces:**

All size workplaces and industries with:

- Particularly high rates of overweight or obesity;
- Low levels of fruit intake;
- Low levels of vegetable intake;
- Low levels of physical activity; and
- High smoking rates.

### **52.2 Workers:**

Workers in paid employment who have one or more of the following risk factors for developing chronic diseases:

- Not meeting healthy eating guidelines;
- Physical inactivity; and
- Being overweight.

## **53. Stakeholder engagement:**

As detailed throughout this Implementation Plan, the NSW Healthy Workers Initiative has been developed through a thorough consultation and stakeholder engagement process, facilitated through the provision of commentary by key stakeholders on the NSW Healthy Workers Initiative Discussion paper, for the purposes of:

- Facilitating commentary on the appropriateness, efficacy and relevance of activities detailed in this Implementation Plan
- Harnessing support for those activities which require implementation across a range of stakeholders
- Ensuring appropriate engagement and support generally for the activities of the National Partnership Agreement on Preventive Health.

Further, NSW Health has conducted a consultation specifically with the business sector and associated stakeholders including: employers, peak employer bodies, peak industry bodies, unions, and small, medium and large organisational representatives and employees. The results of the research support the purpose and parameters of this project, in particular it was noted that:

- There is an opportunity for the workplace to play a central role in encouraging better health related

behaviours;

- Communication with employers needs to be evidence-based and illustrate the practical benefits of understanding health workplace initiatives
- Communication with employees should highlight personal benefits
- Communication should take advantage of existing stakeholder relationships with employers and employees.

NSW Health will continue to consult and work in collaboration with key partners as the NSW Healthy Workers Initiative is further developed and then implemented over the four years from July 2011.

#### 54. Risk identification and management:

**Table 20: Risk identification and management**

Risk	Management Strategy
Key messages and methods of delivery are not relevant to the target audience	The Centre has already begun formative research to ensure that key messages and their delivery are appropriate to and resonate with the target population. This will be an ongoing process throughout the Agreement and messages will be altered to respond to increased awareness, knowledge and/or intent to change.

#### 55. Evaluation:

The evaluation of this component of the NSW Healthy Workers Initiative will occur within the context of a comprehensive evaluation framework for the Initiative in its totality currently being developed by the Department in collaboration with experts in the field of evaluation and intervention research.

It is envisaged that this will include process and impact evaluation, as well as an analysis of the costs involved in delivering the intervention against the results achieved.

- **Process evaluation** will measure the extent to which social marketing activities have been delivered as intended as well their reach into the setting and to the target populations. This is likely to include the dose of marketing delivered as well as brand and message awareness and actions taken as a result of exposure to the messages and collateral.
- **Impact evaluation** will measure changes in organisational and individual change in relation to the key messages of campaign activities and track awareness of the benefits of health promotion, barriers to implementation of programs, beliefs, attitudes and intentions.
- **Economic evaluation** will assess the costs of delivering a social marketing intervention.

The NSW Health Department will establish a formal governance structure to guide, advise and oversee evaluation processes being planned as part of the NSW Healthy Workers Initiative.

#### 56. Infrastructure:

No additional infrastructure is required for this intervention.

NSW Health will commission the development of an appropriate social marketing strategy which includes the development of appropriate creative and appropriate modes of message delivery. The implementation of campaign strategies will be managed internally by the NSW Health using existing staffing capacity.

NSW Health will use existing infrastructure within the Area Health Services as well as non-government

organisations to develop and deliver appropriate support systems to underpin the ongoing success of this intervention.

**57. Implementation schedule:**

**Table 21: Implementation schedule**

<b>Deliverable and milestone</b>	<b>Due date</b>
Development of Social Marketing Strategy	August 2011
Development of creative agency brief	September 2011
Concept testing and formative research	October 2011 December 2011 February 2012
Placement and advertising	Late 2012 and ongoing
Workplace and employee champions recruited	Late 2012 and ongoing
Evaluation	March 2012 and ongoing

**58. Responsible officer and contact details:**

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Locked Mail Bag 961, North Sydney NSW 2059  
Ph: +61 2 9391 9622  
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Email: [CHA@doh.health.nsw.gov.au](mailto:CHA@doh.health.nsw.gov.au)

**59. Activity budget:**

**Table 22: Activity budget**

*This table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes.*

## ACTIVITY DETAILS

### Activity FOUR:

#### NSW Healthy Workers Social Inclusion Strategy

#### 60. Overview:

The focus of the NSW Healthy Workers Social Inclusion Strategy will be on ensuring that equity issues including the barriers, enablers and needs of Aboriginal employees as well as other identified vulnerable population groups are identified and appropriately addressed across the NSW Healthy Workers Initiative. This includes ensuring that the manner in which activities are designed and delivered as appropriate and relevant to those specific populations identified.

Integrated into the governance of the NSW Healthy Workers Initiative will be a Social Inclusion Advisory Committee. This will be established to guide best-practice processes of identifying and addressing issues of access and equity for specific populations through the NSW Healthy Workers Initiative. NSW Health through the guidance of the Committee will:

- Identify populations for which equity will be an issue as part of the NSW Healthy Workers Initiative;
- Identify the barriers and enablers experienced by these populations in achieving equitable access to and participation in the NSW Healthy Workers Initiative;
- Map existing activities for the populations identified;
- Identify and implement meaningful consultation and participation processes for the target population in the developed and delivery of activities;
- Where appropriate, modify activities in an appropriate and relevant manner so that the needs of the identified populations, the enablers for these populations are built upon and the barriers to participation are appropriately addressed;
- Where appropriate, develop and deliver additional activities to meet the needs of target populations identified;
- Establish ongoing monitoring and evaluation of the NSW Healthy Workers Initiative in relation to the health outcomes of target populations identified.

#### 61. Outputs:

The NSW Healthy Workers Social Inclusion Strategy incorporates the following outputs.

**Table 23: Outputs for the Social Inclusion Strategy**

Description	Quantity*	Timeframe
Establish a Social Inclusion Advisory Committee including Terms of Reference	<i>Information in this table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes.</i>	September 2011 and Terms of Reference revised annually until June 2015
Develop Social Inclusion Strategy Work Plan		December 2011
Identification of target populations and sub-populations with equity issues		December 2011 and then ongoing until June 2015
Identification of barriers and enablers experienced by these populations in accessing and participating in workplace health promotion activities		December 2011 – March 2012

Mapping of existing activities	December 2011 – March 2012
Existing interventions modified as appropriate and new interventions designed and developed	July 2012 – June 2015
Additional interventions to meet needs of specific groups identified, developed, delivered and evaluated	July 2012 – June 2015
Evaluation Social Inclusion Advisory Committee activities	July 2011 – June 2015

\*Note: The quantity of outputs will be reviewed and refined once new information from formative research emerges.

Where appropriate and feasible, the differential needs of workers and workplaces will be explored at all stages of development (formative research, resource and case study development, service development, service delivery, monitoring and evaluation).

This may include, but is not limited to the needs of workplaces / industries / occupations that have been identified through further scoping and research activities where there are:

- Significant numbers of employees with greater risk of chronic diseases;
- Significant number of people working in blue collar occupations;
- Significant numbers of Aboriginal and Torres Strait Islanders;
- Significant numbers of people from culturally and linguistically diverse backgrounds; and
- Workplaces in rural and remote areas.

Where appropriate and feasible, working groups with responsibility of addressing specific target populations needs may be established to ensure input and values are incorporated into activities.

## 62. Outcomes:

**Table 24: Outcomes of the Social Inclusion Strategy**

Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
Increased proportion of employers and their representatives from targeted population groups contact the NSW Healthy @ Work Organisational Support Service	Increased proportion of employers or their representatives from selected business or industry groups who receive information and support to deliver workplace health promotion programs or specific activities that best suit the target populations.	Increased proportion of employers from targeted populations report they have implemented appropriately-tailored health promoting activities, programs, policies or environmental changes that are appropriate for or specifically target key groups of employees
Increased proportion of employees from targeted population groups contact the NSW Get Healthy Information and Coaching Service <sup>®</sup> .	Increased proportion of employees from targeted population groups that receive support and information from the NSW Get Healthy Information and Coaching Service <sup>®</sup> .	Increased proportion of employees from targeted populations who participate in activities and programs in the workplace that support the adoption and maintenance of health behaviours related to the commonwealth performance benchmarks.

### 63. Rationale:

The Scoping Statement and Guiding Principles for the Healthy Children and Healthy Worker Initiatives clearly identify access and equity as key considerations for the design, development, delivery and evaluation of these initiatives. These emphasise that individuals, families and populations should not be further disadvantaged as a consequence of the National Partnership Agreement on Preventive Health. In developing, delivering and evaluating the Healthy Children and Healthy Workers Initiatives, jurisdictions are encouraged to:

- Consider a range of factors impacting on reach of interventions and access to interventions;
- Identify and barriers to participation in health promotion interventions; and
- Reduce barriers to access and/or increase opportunities to access and participate in interventions
- Include elements outlined in the Australian Government's Social Inclusion Toolkit.

The Social Inclusion Toolkit, developed by the Australian Government<sup>47</sup> recommends the following steps to promote social inclusion as part of policy and program design and delivery:

- Identifying groups at risk of exclusion;
- Analysing the nature and causes of disadvantage and exclusion;
- Strengthening protective factors and reducing risk factors;
- Working across agencies and originations to coordinate efforts across all sectors;
- Designing or redesigning delivery systems and promoting change in culture; and
- Establishing a clear implementation plan and monitoring delivery.

While health promotion workers are committed to addressing issues of access and equity when delivering interventions, in reality achieving this can be difficult<sup>48</sup>. While unintentional health promotion efforts intend to improve health in disadvantaged populations, often the activities improve the health of more advantaged populations and consequently increase the gap in health status between the most advantaged and least advantaged populations within the community<sup>49</sup>. Experts suggest that there is a need to develop and implement strategies to ensure that universal interventions meet the needs of priority populations in a salient manner<sup>50</sup>. They suggest that equity be a key consideration at all stages of a health promotion program from design and development through to implementation and evaluation<sup>51</sup>. Further, equity considerations should extend beyond equity of access and include equity of opportunity and measuring the equity of impacts and outcomes for the various sub-populations facing health inequalities<sup>52</sup>.

A number of best-practice principles have been identified for addressing the needs of specific population groups when designing, delivering and evaluating health promotion interventions. These include:

- Working across settings with consideration to dimensions relevant to equity that are appropriate to the setting and well as the target population (embedding equity approaches);
- Targeting specific communities as the population (i.e. geographical areas or cultural groups);
- Targeting areas and communities or populations where there is the greatest need;
- Taking a partnership approach to the design, delivery and evaluation of interventions;
- Developing and delivering interventions that address the needs of specific groups and/or lifespan stages<sup>53</sup>.

Consistent and strong feedback was received from stakeholders in response to the NSW Healthy Workers Discussion paper regarding the need to strengthen equity approaches. While there was support for embedding equity approaches across all activities, stakeholders recommended that NSW Health engage in much greater consultation with key stakeholders to support the appropriate development of interventions and resources.

A number of best-practice solutions were suggested to better identify and address equity issues as part of the National Partnership Agreement on Preventive Health including:

- Scoping and analysing the reach of universal mainstream programs and developing specific programs where gaps and/or needs are identified for particular groups and/or in specific settings;
- Identify existing interventions effectively meeting the needs of target population groups and delivering these more broadly when feasible and appropriate;
- Allowing sufficient flexibility for interventions to engage with target populations and meets their needs in an appropriate and sustainable manner;
- Increase the focus on Aboriginal people and consult with relevant Aboriginal organisations and communities in a comprehensive manner through the National Partnership Agreement on Preventive Health ; and
- Ensure that evaluations take account of target population groups and measures impacts in these groups.

Including the Social Inclusion Strategy which includes the establishment of a Social inclusion Advisory Committee will support NSW Health to apply best-practice principles to address issues of access and equity across the National Partnership Agreement on Preventive Health. It will also promote collaborative action to address the needs of specific populations and sub-groups across the NSW community. In doing so NSW will appropriately identify and meet the needs of less advantaged children, young people and workers in a relevant, salient and sustainable manner and contribute to improved health outcomes for all populations.

#### 64. Contribution to performance benchmarks:

**Table 25: Contribution to the performance benchmarks**

Social Inclusion Strategy	Performance benchmark
Increased proportion of employers from targeted populations report they have implemented appropriately-tailored health promoting activities, programs, policies or environmental changes that are appropriate for or specifically target key groups of employees which promote healthy weight and hence lose weight and/or decrease their waist circumference.	Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of adults at healthy weight returned to baseline level by 2015.
Increased proportion of employees from targeted populations who participate in activities and programs in the workplace that support the adoption and maintenance of health behaviours related to the Commonwealth performance benchmarks.	
Increased proportion of employers from targeted populations report they have implemented appropriately-tailored health promoting activities, programs, policies or environmental changes that are appropriate for or specifically target key groups of employees which promote fruit and vegetable consumption and hence increase their fruit and vegetables consumption and undertake other healthy eating behaviours.	Increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; 0.6 for fruits and 1.5 for vegetables from baseline by 2015.
Increased proportion of employees from targeted populations who participate in activities and programs in the workplace that support the adoption and maintenance of health behaviours related to the Commonwealth performance benchmarks.	
Increased proportion of employers from targeted populations report they have implemented appropriately-tailored health	Increase in proportion of adults participating in at least 30 minutes of

<p>promoting activities, programs, policies or environmental changes that are appropriate for or specifically target key groups of employees which promote physical activity and hence increase their physical activity.</p>	<p>moderate physical activity on five or more days of the week of 5% from baseline for each state by 2013; 15 per cent from baseline by 2015.</p>
<p>Increased proportion of employees from targeted populations who participate in activities and programs in the workplace that support the adoption and maintenance of health behaviours related to the Commonwealth performance benchmarks.</p>	
<p>Increased proportion of employers from targeted populations report they have implemented appropriately-tailored health promoting activities, programs, policies or environmental changes that are appropriate for or specifically target key groups of employees which reduce smoking and hence reduce or quite smoking.</p>	<p>Reduction in state baseline for proportion of adults smoking daily commensurate with a two percentage point reduction in smoking from 2007 national baseline by 2011; 3.5 percentage point reduction from 2007 national baseline by 2013.</p>
<p>Increased proportion of employees from targeted populations who participate in activities and programs in the workplace that support the adoption and maintenance of health behaviours related to the Commonwealth performance benchmarks.</p>	

## **65. Policy consistency:**

### **65.1 National policy context**

As discussed in Section 67: Rationale, the Scoping Statement and Guiding Principles for both the Healthy Children and Healthy Worker Initiatives clearly identify access and equity as key considerations for the design, development, delivery and evaluation of these initiatives. These emphasise that individuals, families and populations should not be further disadvantaged as a consequence of the National Partnership Agreement on Preventive Health. In developing, delivering and evaluating the Healthy Children and Healthy Workers Initiatives, jurisdictions are encouraged to:

- Consider a range of factors impacting on reach of interventions and access to interventions;
- Identify and barriers to participation in health promotion interventions; and
- Reduce barriers to access and/or increase opportunities to access and participate in interventions
- Include elements outlined in the Australian Government’s Social Inclusion Toolkit.

This activity is also consistent with the Australian Government policy framework (Attachment A) as it will:

- Ensure information, advice and support is tailored to: various industry types; small, medium and large businesses; taking into consideration the type and structure of the workforce.
- Ensure its information, advice and support addresses: physical activity, healthy eating, weight, the harmful/hazardous consumption of alcohol and smoking across workplace environmental change, organisational policy and cultural change and individual behaviour change. Mental health will be included as a component of this intervention but will not be the focus of the intervention.
- Primarily focus on primary prevention, but also secondary prevention
- Focus on engaging with people in paid employment, regardless of their age, but will ensure specific focus of those age 35-55.
- Not further stigmatise obesity and other applicable health conditions or behaviours.
- Not fund substantial built environment or hard infrastructure of any kind within workplaces or communities.

## **65.2 NSW policy context**

The establishment and effective promotion of the NSW Healthy Workers Initiative has clear synergy with a number of priorities identified in the NSW Government's State Plan and NSW State Health Plan namely:

- Reduce smoking rates
- Reduce total risk drinking
- Prevent further increases in the prevalence of adult obesity
- Improve health in the community;
- Reduce potentially preventable hospital admissions;
- Increase walking and cycling;
- Increase the number of people using parks; and
- Increase the number of people participating in sporting activities.

In particular, the Social Inclusion Strategy will allow NSW Health to strategically identify, consider and address the needs of people in paid employment from a range of population groups such as Aboriginal and Torres Strait Islanders, people from culturally and linguistically diverse communities, people living with a disability, people living in rural/remote areas and people who are experiencing social disadvantage.

## **66. Target group(s):**

The needs of people in paid employment in NSW workplaces from a range of population groups will be identified, prioritised and addressed through the Social Inclusion Strategy as part of the NSW Healthy Workers Initiative.

The primary target groups for the Social Inclusion Strategy include, but will not necessarily be limited to:

- Workplaces / industries / occupations that have employees with significantly greater risk of chronic diseases;
- Workplaces / industries / occupations that have been identified through further scoping and research activities where there are significant numbers of Aboriginal and Torres Strait Islanders;
- Workplaces / industries / occupations where there are significant numbers of people from culturally and linguistically diverse backgrounds;
- Workplaces / industries / occupations that have been identified through further scoping and research activities where there are significant numbers of people working in blue collar occupations; and
- Workplaces in rural and remote areas.

It will also seek to include people who are living with a disability, other impairment or people who are experiencing social disadvantage.

## **67. Stakeholder engagement:**

### **67.1 Consultation and Formative Research**

NSW Health has undertaken developmental activities, research and extensive consultation with a range of stakeholders for the purposes of:

- Facilitating commentary on the appropriateness, efficacy and relevance of activities detailed in this Implementation Plan

- Harnessing support for those activities which require implementation across a range of stakeholders
- Ensuring appropriate engagement and support generally for the activities of the National Partnership Agreement on Preventive Health.

Consultation has included stakeholders internal to the Department, NSW Area Health Services, other NSW Government Departments, non-Government Organisations and academic institutions. NSW Health has formal agreements with the Aboriginal Health and Medical Research Council and the Physical Activity, Nutrition and Obesity Research Group for the purpose of providing ongoing technical support and evidence-based expert advice relevant to the National Partnership Agreement on Preventive Health. Such key stakeholders have identified the need to ensure that the Healthy workers Initiative is inclusive and

Stakeholder engagement and collaboration will underpin the successful integration of the Social Inclusion Strategies across the NSW Healthy Workers activities. Feedback received from NSW Health’s ongoing consultations to date have indicated a very high level of support for this approach, with many groups identifying the need for a formal mechanism to address issues of equity and social inclusion as part of the NSW Healthy Workers Initiative.

## 68. Risk identification and management:

**Table 26: Risk identification and management**

Risk	Management Strategy
Interventions across the National Partnership Agreement on Preventive Health are siloed and fragmented	NSW Health will establish a comprehensive governance structure for the National Partnership Agreement on Preventive Health and will put into place practical strategies e.g. working groups, networks, to encourage cross-intervention communications and identify synergies and linkages across the National Partnership Agreement on Preventive Health interventions particularly in relation to the Measure Up, Social Marketing Initiative and the NSW Healthy Children’s Initiatives
Stakeholders concerns act as a barrier to participation, privacy and roll in initiative	Consultations and formative research with relevant agencies has begun to ensure support for the delivery of the intervention across the state.
Workplaces choose not to participate in the intervention	<p>Such agencies include the business sector including: employers, peak employer bodies, peak industry bodies, unions, and small, medium and large organisational representatives and employees as well as NSW Area Health Services, NSW Government Departments, non-Government Organisations academic institutions.</p> <p>The NSW Healthy Workers Initiative will ensure minimal to no costs levied on employers, ensuring that ‘red tape’ does not act as a barrier for small business. It will also ensure high levels of confidentiality to protect worker privacy. Implementation of interventions will also be cognisant of activities impacting on the business community such as end of financial year.</p> <p>This activity will commence with early adopters and once momentum is gained spread to more difficult to reach workplaces. During this process, “light house” initiatives where momentum has already commenced will be identified and captured case studies.</p> <p>This consultation and engagement with key stakeholders will continue throughout the interventions development and delivery. Further stakeholders will be identified in this process.</p>

The intervention is not completed within the proposed time frame or within available resources	<p>An extensive Project Management Framework will be established for the NSW Healthy Workers Initiative.</p> <p>Detailed project plans including a schedule of prioritised tasks and key deliverables will be developed. The initiative will be segmented into stages with internal resources that can be utilised identified. Governance systems will be established. Mechanisms for monitoring implementation progress as well as methods of identifying and responding to implementation issues in a timely manner will be included.</p> <p>NSW Health will provide information and consult regularly with delegates (Deputy Director-General, Director-General, Minister for Health, Premiers and Cabinet, Treasury, and Commonwealth).</p>
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## 69. Evaluation:

### 69.1 NSW Healthy Workers Initiative Evaluation Framework

The evaluation of the Social Inclusion Strategy will occur within the context of a comprehensive evaluation framework currently being developed by NSW Health in collaboration with experts in the field of evaluation and intervention research. This framework will include quality assurance measures as well as process and impact evaluation, and an analysis of the costs involved in delivering the intervention against the results achieved.

- **Process:** will include measuring the access to, reach and uptake of NSW Healthy Workers Initiative activities in population groups specifically targeted as part of the Social Inclusion Strategy.
- **Impact:** will include measuring changes in policy and practice at the organisational level; evaluate the effectiveness of the Service on users in terms of business and organisational benefits and participation of employees.
- **Economic evaluation:** will assess the costs of modifying and/or delivering separate interventions as part of the Social Inclusion Strategy.

Other supporting evaluation tools:

- **Employer Survey:** NSW Health in collaboration with experts in the field of evaluation will develop a survey of NSW Employers. It is likely that the survey will address: current engagement in workplace health promotion activity, how programs are structured and managed within different types of businesses; how comprehensive programs are in terms of the type of activities they include and the risk factors they address; and track awareness of the benefits of health promotion, barriers to implementation of programs, beliefs, attitudes and intentions.

## 70. Infrastructure:

Not applicable

## 71. Implementation schedule:

**Table 27: Implementation schedule**

Deliverable and Milestone	Due date
Establish a Social Inclusion Advisory Committee	September 2011
Develop Social Inclusion Strategy Plan	February 2012
Identification of target populations and sub-populations with equity issues	February 2012

Identification of barriers and enablers experienced by these populations in accessing and participating in workplace health promotion activities	July 2012 - June 2013
Mapping of existing activities	July 2012 - June 2013
Existing interventions modified as appropriate and new interventions designed and developed	July 2012 - June 2015
Existing interventions modified and delivered to specific populations as per the Social Inclusion Strategy Plan	July 2012 - June 2015
Additional interventions to meet needs of specific groups identified, developed, delivered and evaluated	July 2012 - June 2015
Evaluation Social Inclusion Advisory Committee activities	July 2011-June 2015

**72. Responsible officer and contact details:**

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**73. Activity budget:**

**Table 28: Activity budget**

*This table is not for public release to protect commercial in-confidence information related to NSW Government procurement processes.*

## ROLES AND RESPONSIBILITIES

### Role of the Commonwealth

74. The Commonwealth is responsible for reviewing the State's performance against the program and activity outputs and outcomes specified in this Implementation Plan and providing any consequential financial contribution to the State for that performance.

### Role of the State

75. The State is responsible for all aspects of program implementation, including:
- (a) fully funding the program, after accounting for financial contributions from the Commonwealth and any third party;
  - (b) completing the program in a timely and professional manner in accordance with this Implementation Plan; and
  - (c) meeting all conditions of the National Partnership including providing detailed annual report against milestones and timelines contained in this Implementation Plan, performance reports against the National Partnership benchmarks, and a final program report included in the last annual report that captures lessons learnt and summarises the evaluation outcome.
76. The State agrees to participate in the Healthies Steering Committee or other national participation requirements convened by the Commonwealth to monitor and oversee the implementation of the initiative, if relevant.

## PERFORMANCE REPORTING

77. The State will provide performance reports to the Commonwealth to demonstrate its achievement against the following performance benchmarks as appropriate to the initiative at 30 June 2013 and 31 December 2014:
- a) Increase in proportion of children at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of children at healthy weight returned to baseline level by 2015.
  - b) Increase in mean number of daily serves of fruits and vegetables consumed by children by at least 0.2 for fruits and 0.5 for vegetables from baseline for each State by 2013; 0.6 for fruits and 1.5 for vegetables by 2015.
  - c) Increase in proportion of children participating in at least 60 minutes of moderate physical activity every day from baseline for each State by five per cent by 2013; by 15 per cent by 2015.
  - d) Increase in proportion of adults at unhealthy weight held at less than five per cent from baseline for each state by 2013; proportion of adults at healthy weight returned to baseline level by 2015.
  - e) Increase in mean number of daily serves of fruits and vegetables consumed by adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2013; 0.6 for fruits and 1.5 for vegetables from baseline by 2015.
  - f) Increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5 per cent from baseline for each state by 2013; 15 per cent from baseline by 2015.
  - g) Reduction in state baseline for proportion of adults smoking daily commensurate with a two percentage point reduction in smoking from 2007 national baseline by 2011; 3.5 percentage point reduction from 2007 national baseline by 2013.

- 78.** The requirements of performance reports will be mutually agreed following confirmation of the specifications for measuring performance benchmarks by the Australian Health Minister's Conference.
- 79.** The performance reports are due within two months of the end of the relevant period.

# National Partnership Agreement on Preventive Health

## HEALTHY WORKERS

### *Scoping Statement and Guiding Policy Principles*

#### PART 1: INTRODUCTION AND OVERVIEW

##### 1.1 Purpose

This document, developed in consultation with states and territories, is designed to provide guidance in developing jurisdictional implementation plans and encourage a consistent approach to the implementation of the Healthy Workers initiative under the National Partnership Agreement on Preventive Health (NPAPH).

##### 1.2 Objectives

The objective of the NPAPH is to reduce the risk of chronic disease by reducing the prevalence of overweight and obesity, improving nutrition and increasing levels of physical activity in adults, children and young people through the implementation of programs in various settings. The NPAPH provides funding for:

- settings based interventions in pre-schools, schools, workplaces and communities to support behavioural changes in the social contexts of everyday lives and focusing on improving poor nutrition, and increasing physical inactivity. For adults also focusing on smoking cessation and reducing harmful and hazardous alcohol consumption;
- social marketing for adults aimed at reducing obesity and tobacco use; and
- the enabling infrastructure to monitor and evaluate progress made by these interventions, including the National Preventive Health Agency and research fund.

##### 1.3 Outputs

To support these objectives the Healthy Workers initiative will fund:

***(i) States and territories to facilitate delivery of healthy living programs in workplaces:***

- a) focusing on healthy living and covering issues such as physical activity, healthy eating, the harmful/hazardous consumption of alcohol and smoking cessation;
- b) meeting nationally agreed guidelines for addressing these issues, including support for risk assessment and the provision of education and information;
- c) which could include the provision of incentives either directly or indirectly to employers;
- d) including small and medium enterprises, which may require the support of roving teams of program providers; and
- e) with support, where possible, from peak employer groups such as chambers of commerce and industry.

***(ii) Commonwealth to develop a national healthy workplace charter with peak employer groups, to conduct voluntary competitive benchmarking, supporting the development of nationally agreed standards of workplace based prevention programs and national awards for healthy workplace achievements. Commonwealth in consultation with the states and territories, may consider taking responsibility for national employers.***

## 1.4 Evidence Base

The workplace is a setting where most adults spend around half of their waking hours, and there is potential through the workplace to reach a substantial proportion of the population who may not otherwise respond to health messages, may not access the primary health care system, or may not have time to make sustained changes to their behaviour, such as participating in more regular exercise.

Nearly 11 million Australian adults are in paid employment, with around 70 per cent in full time employment.<sup>4</sup> Approximately five million (2004-05) Australian employees are overweight or obese (of whom 1.3 million are obese). Obesity was associated with an excess 4.25 million days lost from the workplace in 2001.<sup>5</sup> Obesity rates are highest among mature age workers aged 45-64, who comprise almost a third of the labour force. As obese people age, sick leave increases at twice the rate of those who are not obese.<sup>6</sup> Research indicates that sedentary lifestyles can also lead to more work-related illness and prolonged recovery periods as well as increased morbidity and mortality.<sup>7</sup>

Key factors emerging from the international and national literature that can determine the success and sustainability of workplace health promotion programs include:

- *Management involvement and support* from senior management through to middle and line managers across an organisation ensures equal access, opportunity and support to all workers, regardless of position or job type.
- *Integrated workplace health promotion* with existing business planning and values.
- *Well established project planning and implementation* and a participatory approach helps to create employer and worker ownership and longer term success.
- *Effective and consistent communication* of the aims and purpose of the program from employers to workers builds positive engagement.
- *Multi-component programs* can ensure a variety of behavioural risk factors, issues and strategies are addressed to increase participant engagement with different preferences and health needs and ensure lasting change.
- *Monitoring and evaluation* of all program components should be established during program planning and inception.

## PART 2: HEALTHY WORKERS

### Terminology, Scoping Statement and Guiding Policy Principles

#### 2.1 Terminology

For the purposes of the Healthy Workers initiative, the following terms are defined:

**Access and equity** is about ensuring that individuals and populations are not further disadvantaged in a health and social sense through the programs and activities delivered as part of the NPAPH. It requires consideration of a range of factors that can impact on access to, reach of and appropriateness of programs for certain populations, removing or reducing barriers to health and access to health-based activities. Programs must support equity of outcomes for all by increasing opportunities and removing or reducing barriers for participation. There are a number of interacting factors at both the organisational and individual level that must be considered in addressing access and equity, for example:

- the type of organisation, industry or enterprise and the structural characteristics of the workforce (does

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<sup>4</sup> Workforce statistics from the ABS, cited in: *Overweight and Obesity: Implications for Workplace Health and Safety And Workers' Compensation*, Australian Safety and Compensation Council, August 2008, p 8-9.

<sup>5</sup> *Overweight and Obesity: Implications for Workplace Health and Safety And Workers' Compensation*, Australian Safety and Compensation Council, August 2008, p 8-9.

<sup>6</sup> An American study reported that the profile of obese workers with respect to cardiovascular risk factors as well as work limitations resembled that of workers as much as 20 years older. Also see *Overweight and Obesity: Implications for Workplace Health and Safety and Workers' Compensation*, Australian Safety and Compensation Council, August 2008.

<sup>7</sup> McEachan, Lawton et al. 2008

the business operate 24 hours per day or involve shift work; are those working in the industry full-time, part time, seasonal or casual; is the workforce or worker geographically isolated or mobile);

- the size of the organisation or enterprise, relative capacity and decision making autonomy to take up and implement programs and make organisational change;
- consideration of the characteristics of workers at both a group and individual level including gender, cultural and linguistic background, Aboriginal and Torres Strait Islanders, people with a disability, physical location and socio-economic status. For example, the workforce of mining operations can be physically isolated, largely male and may be drawn from culturally and linguistically diverse backgrounds. These factors should be considered in program design, delivery and evaluation;
- equity of outcome that considers all the elements above in relation to the outcomes for individuals and organisations (e.g., were there organisations and individuals who experienced better results than others in the same cohort); and
- elements outlined in the Australian Government's *Social Inclusion Toolkit*.<sup>8</sup>

**Healthy living programs** are those programs that cover physical activity, healthy eating, the harmful/hazardous consumption of alcohol and smoking. The use of the term 'program(s)' is inclusive of activities targeting individual workers, groups of workers and activities that are of an organisational wide, enabling or capacity building nature. It also includes workplace policy enhancement, system change and minor supporting infrastructure improvements directly related to the implementation in the specific setting that are made to facilitate and support the health of workers and associated behavioural changes. The following language will be used to describe the hierarchy of elements of the NPAPH:

1. NPAPH initiatives, such as Healthy Workers;
2. jurisdictional programs (i.e., state and territory programs or activities implemented according to an agreed plan); and
3. activities within jurisdictional programs, local government programs or pilot programs.

**Primary and secondary prevention** definitions are drawn from *The Language of Prevention*, National Public Health Partnership 2006<sup>9</sup> and in the context of Healthy Workers mean:

- *Primary prevention* - limiting the incidence of disease and disability in the population by measures that eliminate or reduce causes or determinants of departure from good health, control exposure to risk and promote factors that are protective of good health; and
- *Secondary prevention* - reduction of progression of disease through early detection, usually by screening at an asymptomatic stage, and early intervention.

**Quality assurance frameworks, accreditation and standards** are currently being developed by the Australian Government under the NPAPH. Programs and program providers (whether this is the employer or a third party on behalf of the employer) will be encouraged to have regard to relevant accreditation processes in order to receive funding under the initiative from jurisdictions. Note that once these processes are fully established consideration will be given to making them a requirement.

**Workers**, for the purpose of this initiative, are defined as individuals of working age currently in paid employment in Australia. The primary target age range for this initiative is 35 to 55 years. Other age ranges outside of this group in the workplace context can also be considered. It is acknowledged that there are differing arrangements in jurisdictions relating to age for entry into the workforce and that there is no compulsory retirement age.

## 2.2 Scope

Consistent with the objectives and expected outcomes of the NPAPH, the policy scope for the Healthy

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<sup>8</sup> [www.socialinclusion.gov.au/Documents/SIToolKit.pdf](http://www.socialinclusion.gov.au/Documents/SIToolKit.pdf)

<sup>9</sup> National Public Health Partnership (2006); *The Language of Prevention*, Melbourne

Workers initiative is summarised below:

- 2.2.1 The focus of the initiative is the prevention of lifestyle related chronic disease through addressing the modifiable lifestyle risk factors of smoking, poor nutrition, physical inactivity and hazardous and harmful alcohol consumption through sustained behaviour and organisational changes in working Australians and their workplaces.
- 2.2.2 The wider community, children and those who are unemployed or in an unpaid position are not a specific target population under this initiative. However, if a program through a participating worker or workplace, can also reach families, or other members of the community then this is encouraged.
- 2.2.3 The primary target age range for this initiative is people in paid employment aged 35 to 55 years old. Other age ranges outside of this group can also be considered. A lower and upper age limit is not specified under the initiative.
- 2.2.4 Programs should focus on preventive health activities. Programs with a tertiary management focus (i.e. managing existing chronic conditions) are not within the preventive scope of the initiative. However, individuals already participating in tertiary treatment programs are not to be excluded. Note that only preventive programs will attract funding.
- 2.2.5 Mental health is not included as a performance benchmark under the NPAPH. While programs may have a mental health element, this should not be the sole focus of the program.
- 2.2.6 Health promotion programs can be implemented in and through workplaces with workers as the primary target audience. There must be a direct connection with the workplace. For example, policies on food and vending machines in the workplace or a lunchtime walking group organised by workers and undertaken during working hours. A community program that is attended by a worker on the weekend, and does not have the support or endorsement of an employer (e.g., a subsidy) and is otherwise unconnected with employment, would be out of scope.
- 2.2.7 Needs assessments can include consideration of the policy environment, workplace culture and infrastructure as they relate to the delivery of a program. An audit of policies and infrastructure that support healthy lifestyle choices and work-life balance to identify areas for development and determine appropriate activities could be implemented as part of a program. For example, in considering the implementation of an active transport to work program, an audit may identify whether supporting infrastructure such as bike racks in the workplace are available.
- 2.2.8 Investment in substantial built environment or hard infrastructure improvements is beyond the scope of the NPAPH. Substantial infrastructure improvements (i.e., change facilities and shower blocks) will need to be funded by the employer. Minor infrastructure (i.e., bike racks) may be permitted following consultation with the Commonwealth.
- 2.2.9 Whilst volunteers are not a specific target population under the initiative, if volunteers are in the workplace they should not be excluded from participating in programs.
- 2.2.10 Funding may be used, among other things, to provide direct incentives to employers to provide programs (e.g. through the provision of subsidies to purchase programs; develop jurisdiction wide programs that can be picked up by employers; or to assist existing providers) or adapt existing programs to suit a wider range of workplaces or to target specific groups.
- 2.2.11 Programs should cover a range of businesses regardless of size. Large business should not be the sole focus of programs and consideration should be given to the needs of small to medium enterprises.

## **2.3 Policy Principles**

### ***General***

- 2.3.1 Programs under the initiative should be focused on primary and secondary prevention.
- 2.3.2 Funding for programs should be invested in:
  - significant enhancements or expansions to existing program(s) that have already demonstrated they are efficacious;

- new programs that have demonstrated efficacy elsewhere that are directly translatable to the initiative setting;
  - programs that can demonstrate significant innovation and/or promise from initial results, but lack formal evidence to demonstrate effectiveness; and
  - programs that have a high likelihood of being sustainable beyond the funding received under this initiative, should the program be effective and there is a demonstrated continuing need.
- 2.3.3 Programs should reflect the requirements of the Australian Government's *Social Inclusion Toolkit*.
- 2.3.4 Access and equity in terms of both access to programs and equity of outcomes as a result of participation in programs must be a key consideration.
- 2.3.5 Participation in NPAPH programs is voluntary. However, the voluntary participation requirement does not override specifications of existing or new workplace legislative requirements or policies (e.g., food supply, no smoking, alcohol management policies, banning of alcohol).
- 2.3.6 Programs and associated evaluations should not further stigmatise obesity and other applicable health conditions or behaviours.
- 2.3.7 Measures must be in place to protect the privacy of individuals as appropriate. Programs must comply with applicable legislation in relation to consent to collect personal and health information and the use, access, storage and disclosure of this information.
- 2.3.8 Program providers may be expected to comply with specified requirements, including quality assurance frameworks, standards or other guidance in existence or currently being developed under the NPAPH.
- 2.3.9 Programs should be developed and implemented in consideration of relevant local enablers and barriers (i.e. appropriate stakeholder consultation and support, infrastructure issues, and different industry and workforce requirements).
- 2.3.10 Funding under the initiative may be used to extend existing programs or create new programs. However, the duplication of funding already allocated at a state and territory level, or by an organisation, should not be permitted.
- 2.3.11 Programs will not be funded if they support, promote or utilise sponsorship of food or beverage products considered to be high in sugar, salt and saturated fat, or of tobacco and/or alcohol or promote sedentary behaviour.
- 2.3.12 Consistency and complementarity with programs already in place should be considered. An assessment of possible efficiencies and effectiveness should be undertaken that recognises activities in other settings (i.e. schools, early childhood settings or other organisations in the community).
- 2.3.13 Programs should have monitoring systems in place to ensure they are capable of reporting in an accurate and timely way on the achievement of program outputs in accordance with performance monitoring and evaluation requirements under the NPAPH.
- 2.3.14 Programs should have mechanisms in place for continuous quality improvement. Monitoring and evaluation arrangements should, where possible, be developed to help facilitate evaluation at a national level.

***And in addition for the Healthy Workers initiative***

- 2.3.15 Programs that have a clinical risk assessment component should have identified clear and appropriate referral pathways in place that include complementary support activities that aim to address and lead to a reduction in identified lifestyle risk factors.
- 2.3.16 Programs should recognise the diversity of workplaces in Australia and the diversity of Australian workers.
- 2.3.17 Employers should consider the effect of programs across their entire workforce where an employer operates in more than one jurisdiction to ensure that all employees have the opportunity to access programs.
- 2.3.18 Inter-jurisdictional collaboration should be considered when the employer has a workforce operating in a number of jurisdictions or is a national employer.

2.3.19 Activities and programs implemented by each jurisdiction will need to be accessible and appropriate for small to medium enterprises, as well as large businesses.

## **APPENDIX 1: SERVICE MODEL**

The NSW Healthy@Work Organisational Support Service will provide information, advice and organisational support to organisations and organisational champions to facilitate workplaces in supporting and effecting behaviour change among paid employees in relation to: healthy eating, physical activity, achieving or maintaining a healthy weight, reducing smoking, and reducing harmful alcohol consumption..

It is envisaged that the Service will include the establishment of a free state-wide telephone, website and on site face to face visits. The information support and advice provided via telephone support would reflect that provided on the website and provided during face to face visits and will include:

- Principles of good workplace health promotion
- Why good health is good for business?
- How to get a healthy workplace?
- What to do to get a healthy workplace through:
  - Workplace environment change
  - Organisational culture, practices and policy change, and
  - Developing personal skills.
- Who can help to get a healthy workplace?

### **Telephone**

Telephone support will be available to support organisations through change. Telephone advisers will be on hand to provide advice to all organisations; public, private or voluntary sector, regardless of size, on workplace health promotion.

Callers and the telephone advisor will work together to identify information and support appropriate to the organisation's needs. The telephone facilitator would offer to call the customer back to take part in a more extensive support service.

The Service, will also initiate calls, proactively targeting workplaces / industries / occupations:

- Have employees with significantly greater risk of chronic diseases;
- Have been identified through further scoping and research activities where there have significant numbers of people working in blue collar occupations;
- Have been identified through further scoping and research activities where there are significant numbers of Aboriginal and Torres Strait Islanders;
- Have significant numbers of people from culturally and linguistically diverse backgrounds; and
- Are in rural and remote areas.

### **Website**

The website will provide practical, easy-to-use tools aimed at assisting organisations to facilitate change for a healthier workplace. Customers who register on the website will be able to obtain more detailed information, practical tools and supports based on the latest evidence.

It is anticipated that site users will also be able to interact via online chat with website advisors to support organisations through change.

### **Onsite Workplace Visit Service**

Telephone advisors will suggest whether an onsite workplace visit is appropriate. Onsite visits will be offered to organisations requiring extra support and will include an onsite assessment

An onsite adviser will assist with preparing the company to conduct a needs assessment or implementing a workplace health promotion activity. After the visit the customer would receive, via the post or email a personalised report on their findings. The report will outline areas where the business could action. The adviser would arrange a follow-up phone call to talk through the report, giving practical advice on how to action recommendations.

## APPENDIX 2: WORKPLACE HEALTH PROMOTION: EVIDENCE SUMMARY

Much evidence in this field comes from the United States; more Australian studies are necessary to help test and implement effective activities relevant to Australia<sup>54</sup>.

Also, evidence of effectiveness is complicated by the self-selection of motivated individuals in many of the studies.

**Figure 1: Evidence on workplace activities across the individual - environment continuum**

<p><b>Physical activity</b>          Prompting stair use (NSW Department of Health 2004; Bellew 2008).          Access to places and opportunities to be active (Bellew 2008).          Education, employee and peer support (Bellew 2008).          Multi-components combining physical activity and nutrition activities (Bellew 2008).</p>	<p><b>Nutrition</b>          Food labelling, point of purchase promotions and access to and availability of nutritious food, particularly from vending machines (WHO 2010; Bellew 2008).          Multi-components combining physical activity and nutrition activities such as education, dietary prescription, behavioural skills development and training to control adult overweight/obesity (Bellew 2008).</p>
<p><b>Physical activity, nutrition and weight</b>  <b>Tackling physical activity and nutrition together is effective for increasing physical activity, promoting healthy eating and preventing conditions like obesity (WHO 2010). There is insufficient evidence for single component interventions tackling nutrition and physical activity alone (Bellew 2008).</b>  <b>There is strong evidence supporting the efficacy of telephone interventions aimed at promoting lifestyle behaviour change in relation to nutrition and physical activity for a range of populations (Eakin et al. 2007) and there is also evidence for the short to medium-term effectiveness of computer-tailored and expert system, nutrition information and to a lesser extent physical activity education (Kroeze et al. 2006; Norman et al. 2007; Vandelanotte et al. 2007; Van den Berg 2007) .</b></p>	
<p><b>Smoking</b>          Workplace interventions directed towards individual smokers include advice from health professionals, individual and group counselling, and pharmacological treatment to overcome nicotine addiction. These interventions are effective whether offered in the workplace or elsewhere.          Tobacco policy and bans decrease use during work hours.          However, incentives and competition do not appear to enhance long-term smoking cessation rates, with early success tending to dissipate when the rewards are no longer offered (Bellew 2008).</p>	
<p><b>Alcohol</b>  <b>There is indicative evidence only that the following are effective:</b></p> <ul style="list-style-type: none"> <li>• <b>embedding a low-intensity alcohol program with a broader workplace health promotion program</b></li> <li>• <b>cardiovascular disease risk reduction programs as access for alcohol behaviour change</b></li> <li>• <b>employee assistance programs</b></li> <li>• <b>face-to-face individualised strategies (Bellew 2008).</b></li> </ul>	

## **APPENDIX 3: NSW GET HEALTHY INFORMATION AND COACHING SERVICE<sup>®</sup>**

The NSW Get Healthy Information and Coaching Service<sup>®</sup> is an existing free and confidential telephone-based Service that provides information and ongoing support to NSW adults who would like to eat healthier, be more active or achieve and maintain a healthy weight.

By visiting the NSW Get Healthy Information and Coaching Service<sup>®</sup> website [www.gethealthynsw.com.au](http://www.gethealthynsw.com.au) or by calling the Service on 1300 806 258 (Monday - Friday 8am - 8pm), NSW residents can be sent a detailed information kit or elect to take part in a six month coaching program (approximately ten calls over six months). The coaching program is individualised, offers participants' access to their own University qualified health coach to assist them set healthy lifestyle goals, overcome barriers and setbacks, maintain motivation and achieve long term lifestyle changes.

Differential outcomes are expected for workers according to their level of participation in the NSW Get Healthy Information and Coaching Service<sup>®</sup>.

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