

Implementation Plan for the Social Marketing 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 *Measure Up* initiative provides funding to support implementation of healthy lifestyle programs to complement the national social marketing campaign by providing reinforcing local level activities that support the campaign messages.
3. Under the *Measure Up* 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 Northern Territory represented by the Minister for Health (known as the Parties to this Implementation Plan).
5. This Implementation Plan may be varied by written agreement between authorised delegates.

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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. 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

8. The maximum financial contribution to be provided by the Commonwealth for the *Measure Up* initiative is \$185,000.
9. Facilitation payments will be payable in accordance with Table 1 on 1 July from 2010 to 2012 in accordance with the National Partnership. All payments are exclusive of GST.

Table 1: Facilitation Payment Schedule (\$ million)

Facilitation Payment	Due date	Amount
(i) Facilitation payment	1 July 2010	\$0.062
(ii) Facilitation payment	1 July 2011	\$0.062
(iii) Facilitation payment	1 July 2012	\$0.061

Notes:

10. 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

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

Table 2: Overall program budget (\$ million)

Expenditure item	Year 1	Year 2	Year 3	Total
i) Coordination of local Northern Territory social marketing and health promotion activities linked to MeasureUp and Tomorrow People	\$0.062	\$0.062	\$0.061	\$0.185
TOTAL	\$0.062	\$0.062	\$0.061	\$0.185

Notes:

12. 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

13. NT *Measure Up* Linking Project.

14. The National Partnership Agreement on Preventive Health includes several initiatives aimed at reducing the prevalence of preventable chronic diseases. One of these initiatives is a national social marketing campaign.

Local implementation of the national social marketing campaign will be undertaken through the *Measure Up* initiative. The *Measure Up* initiative provides funding to support implementation of healthy lifestyle programs to complement the national social marketing campaign by providing reinforcing local level activities that support the campaign messages. *Tomorrow People* is an element of the *Measure Up* campaign, targeted at Indigenous Australians.

Under the *Measure Up* initiative, jurisdictions are responsible for developing programs that may include a range of different activities. The NT *Measure Up* Linking Project will provide for the implementation of the *Measure Up* initiative in the Northern Territory.

The *Measure Up* initiative is one of several initiatives under the National Partnership Agreement on Preventive Health. As such, while the initiative will contribute towards the objectives, outcomes, outputs and performance benchmarks of the Agreement, it will not achieve these in isolation of other initiatives.

This Implementation Plan describes the implementation of the *Measure Up* initiative in the Northern Territory. Additional implementation plans will be developed for other initiatives under the National Partnership Agreement on Preventive Health.

The objective of the NT *Measure Up* Linking Project is to implement the *Measure Up* initiative in the Territory through providing local level activities and healthy lifestyle programs, and disseminating *Measure Up* resources and materials

15. The NT *Measure Up* Linking Project is inclusive of the following activities:
 - a) utilising and building upon *Measure Up* and *Tomorrow People* research and resources through coordinating community-based activities and projects;
 - b) establishing networks with health promotion service providers to maximise the use of *Measure Up* and *Tomorrow People* resources in all related National Partnership Agreement on Preventive Health initiatives (including Healthy Communities, Healthy Children and Health Workers projects and activities).
16. The senior contact officer for this program is Jill Davis, Director Health Development, 08 8985 8014, jill.davis@nt.gov.au.

ACTIVITY DETAILS

NOTE: This section must be completed for each activity under the program (for example, if five activities comprise the program then there is 15 to be completed and 15 to be reported for each activity). Where there are a large number of activities, consider collating up some of these activities into sub-groups (for example, if there are five capacity building type activities, they could be reported as one activity under the banner of capacity building).

17. **Activity:** NT *Measure Up* Linking Project
18. **Overview:** The objective of this program is to implement the *Measure Up* initiative in the Territory through providing local level activities and healthy lifestyle programs, and disseminating *Measure Up* resources and materials.
19. **Outputs:** The NT *Measure Up* Linking Project will achieve the following outputs:
 - a) employment of a coordinator to facilitate implementation of the *Measure Up* program in the Territory;
 - b) coordination of local activities in three communities to further the health promotion messages of the *Measure Up* campaign;
 - (i) Linking with relevant health promotion programs and other primary health care activities in the communities to ensure *MeasureUp* resources are being distributed and utilised
 - (ii) Where possible, resources may be adapted to local needs and activities.
 - (iii) Linking the activities of existing health promotion activities to each other to ensure there is no duplication, and to get best value for money.
 - c) dissemination of *Measure Up* resources in the Territory and utilisation of these resources in other National Partnership Agreement on Preventive Health initiatives and other related National Partnership Agreement activities. Where required, national *MeasureUp* resources will be tailored appropriate to community needs.
20. **Outcomes:** The short and medium term outcomes of the NT *Measure Up* Linking Project will include:
 - a) the effective dissemination of *Measure Up* and *Tomorrow People* information and resources in the Territory;
 - b) facilitating access by target groups to the *Measure Up* resources and messages.
21. **Rationale:** The engagement of a coordinator to facilitate dissemination of *Measure Up* and *Tomorrow People* resources, to coordinate local activities to promote *Measure Up* messages and to link with other health promotion activities in the Territory is essential to the project. Without the employment of the Coordinator, the project could not proceed. The Health Promotion Strategic Unit in the Department of Health and Families provides a significant level of health promotion training and education, and evaluation and participation in research. This Unit will be the primary support group for the Coordinator.
22. **Contribution to performance benchmarks:** The performance indicators for the NT *Measure Up* Linking Project are:
 - a) the number of resources *Measure Up* and *Tomorrow People* resources distributed;

- b) the number of people from target groups attending local *Measure Up* activities;
- c) the number of organisations involved in the NT *Measure Up* Linking Project.

This project will also contribute to the performance benchmarks outlined in the National Partnership Agreement on Preventive Health (as detailed in Clause 35), although will not achieve these benchmarks in isolation of other measures under the Agreement.

The Territory will provide annual performance reports detailing progress against the specified project performance indicators for this initiative. In the final annual performance report, the Territory will also provide a commentary on the lessons learned. The final report will also discuss the contribution of the NT *Measure Up* Linking Project to the broader National Partnership Agreement on Preventive Health performance benchmarks (Clause 35).

23. **Policy consistency:** In July 2006, COAG agreed that all governments would commence implementation of a four-year, \$500 million, national program called the *Australian Better Health Initiative* (ABHI). The ABHI identified five priority areas for action that together should help shift the focus of the Australian health care system towards promoting good health and reducing the burden of chronic disease. The five priorities were to (1) promote healthy lifestyles; (2) support early detection of lifestyles and chronic disease; (3) support lifestyle and risk modification; (4) encourage active self-management of chronic disease; and (5) improve integration and coordination of care. ABHI supported a range of activities to improve health outcomes across the care continuum, from the well population to those with advanced chronic conditions.

The *Measure Up* Campaign is one activity undertaken as part of the priority area (1) promoting healthy lifestyles and aims to raise awareness of the healthy choices that can help protect people from chronic diseases, beginning with physical activity and healthy eating. The objective of the campaign is to encourage Australians to make and sustain positive changes to their behaviour, increasing their physical activity and adopting healthier eating habits and therefore contribute to reducing morbidity and mortality due to lifestyle related chronic disease.

The National Partnership Agreement on Preventative Health builds on the COAG's existing Australian Better Health Initiative which was announced in Nov 2006. Under the NPAPH, the *Measure Up* campaign was extended by three years and funded to increase its reach and target 'at-risk' groups. States and Territories will receive funding to implement local level activities that support the national campaign messages.

24. **Target group(s):** The NT *Measure Up* Linking Project will target Aboriginal Territorians and people from socio-economically disadvantaged backgrounds. Northern Territory Aboriginal people experience significantly higher levels of preventable chronic disease than non-Aboriginal Territorians or other Australians.

Three sites will be selected for the implementation of local activities. These will include the urban city selected for funding under the Healthy Communities element of the National Partnership Agreement on Preventive Health, and two remote communities with existing chronic disease prevention programs and large Indigenous populations.

25. **Stakeholder engagement:** The NT *Measure Up* Linking Project will involve utilisation of *Measure Up* resources in other National Partnership Agreement on Preventive Health initiatives and other related National Partnership Agreement activities. Consultation has occurred with relevant officers involved in these initiatives in the Territory. Because of the small scale of this Activity, there is no value in extended consultation.

26. **Risk identification and management:** Risks associated with the NT *Measure Up* Linking Project include:
- a) inability to recruit a suitably qualified coordinator;
 - b) nationally developed *Measure Up* resources being of limited relevance to Territorians, leading to ineffective delivery of messages;
 - c) inability of the project to contribute to performance benchmarks for the National Partnership Agreement, due to the small scale of activities funded.

The Territory will advertise nationally for a suitably qualified coordinator. The Territory will also monitor progress of the project against project performance indicators identified in Clause 22.

27. **Evaluation:** Evaluation of this activity will be largely dependent on research conducted by the Commonwealth in relation to the *Measure Up* and *Tomorrow People* campaigns. In the final year annual report, the Territory will also provide an evaluation of the NT *Measure Up* Linking Project, including the lessons learned.
28. **Infrastructure:** The Coordinator will be located within the Health Promotion Strategic Unit in Darwin and will be supported by the administrative systems available to all staff.
29. **Implementation schedule:** The project will commence at the beginning of the 2011 calendar year, with the Coordinator funded for 12 months. In 2012, the Coordinator will work part-time, focusing on evaluation and completion of the project. In the Top End of the Northern Territory where the wet season is a barrier to social marketing related to physical activity, the main activities will occur in the March/April (“autumn” national campaign advertising bursts). The same timing is relevant to Central Australia because of the extreme temperatures experienced in the spring/summer times.

Table 3: Implementation schedule

Deliverable and milestone	Due date
i) Identify first community (urban) for health promotion activity	January 2011 January 2011
ii) Appoint Coordinator	
iii) Identify two rural/remote communities (priority Remote Service Delivery communities) for health promotion activity	July 2011
iv) Submission of an annual report, outlining progress against project performance indicators (Clause 22)	1 January 2012
v) Submission of an annual report, outlining progress against project performance indicators (Clause 22) and including an evaluation of the program.	1 July 2013

Notes:

30. **Responsible officer and contact details:** James Smith, Manager Health Promotion Strategic Unit. 08 8985 8019, james.smith@nt.gov.au

31. Activity budget:

Table 4: Activity project budget (\$ million)

Expenditure item	Year 1	Year 2	Year 3	Total
	2010-11	2011-12	2012-13	
i) Personnel: 0.5 FTE Coordinator	\$0.040	\$0.041	\$0.041	\$0.122
ii) Personnel overheads	\$0.021	\$0.0205	\$0.020	\$0.0615
iii) Resources	\$0.001	\$0.0005	\$0	\$0.0015
TOTAL	\$0.062	\$0.062	\$0.061	\$0.185

Notes:

ROLES AND RESPONSIBILITIES

Role of the Commonwealth

32. 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

33. 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.
34. The State agrees to participate in the *Measure Up* Campaign Reference Group and other national participation requirements convened by the Commonwealth to monitor and oversee the implementation of the initiative.

PERFORMANCE REPORTING

35. 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.

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- 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.
36. 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.
37. The performance reports are due within two months of the end of the relevant period.