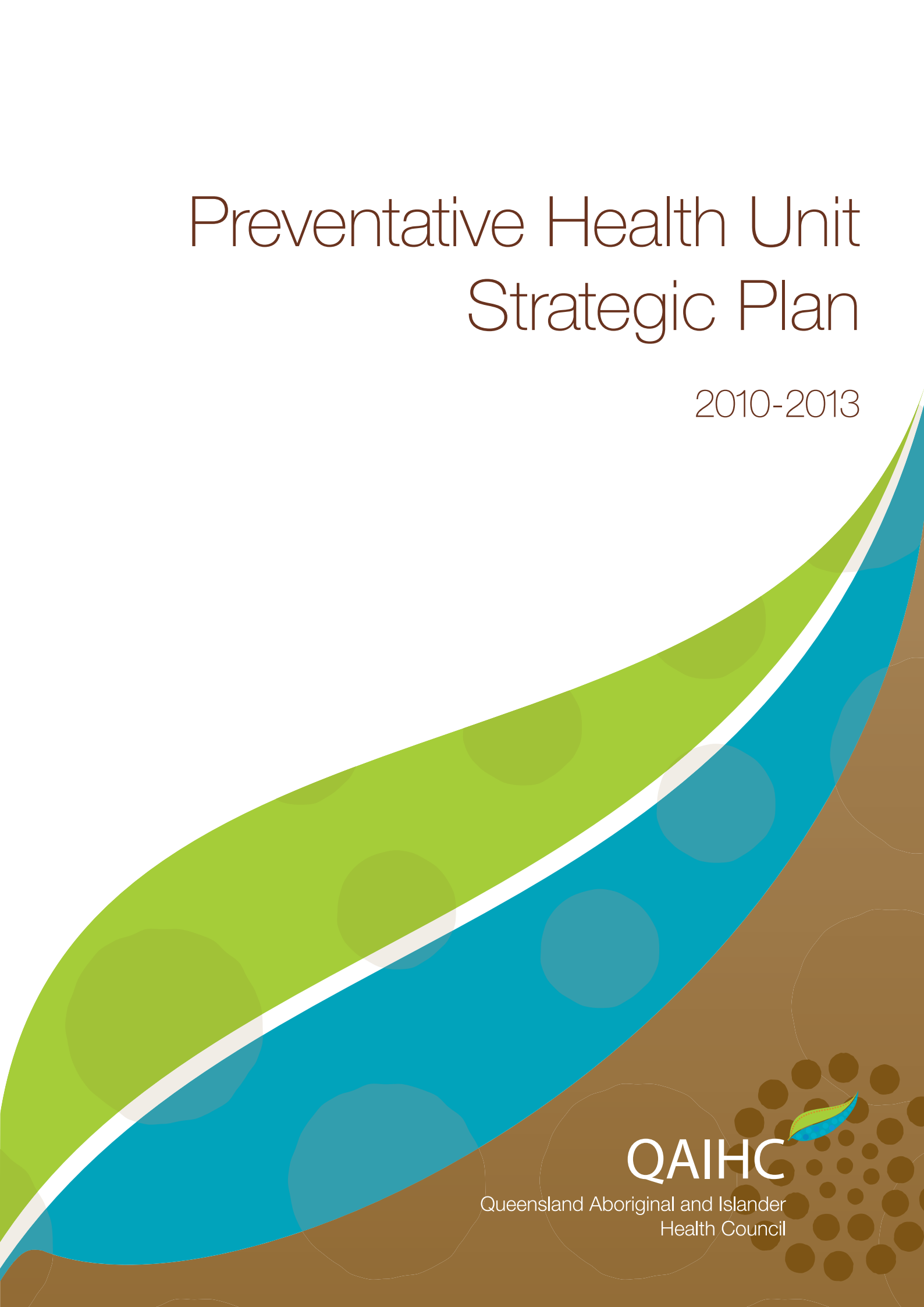
Preventative Health Unit Strategic Plan

2010-2013



QAIHC

Queensland Aboriginal and Islander Health Council

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1. Introduction

The Preventative Health team constitutes a unit within the Queensland Aboriginal and Islander Health Council (QAIHC). The unit was first established in 2007 under the original title of the *Population Health Hub;* and its inception was underpinned by the objective of building effective, multidisciplinary primary prevention capacity within the Aboriginal and Torres Strait Islander Community Control Sector, to facilitate improvements in health and wellbeing for Indigenous Australians.

1.1. Overview

The unit's activities over the past three years have been guided by the above directive, with the unit coordinating the development and implementation of strategies and programs orientated around the areas of:

- Population and preventative health;
- Access to primary health care for Aboriginal and Torres Strait Islander persons;
- Building partnerships and linkages;
- Evaluation and monitoring;
- Quality improvement; and
- Data management and surveillance

This is indicative of the unit's experience base and the capacity that exists within the unit and QAIHC as a whole, to continue and extend on the planning and establishment of population and preventative health activities.

The Preventative Health Unit is well placed to support the Council of Australian Governments (COAG) response to the Close the Gap campaign and the programs and initiatives now being implemented at national, state, and regional levels. The Preventative Health Unit shares the objective of improving the health and wellbeing of Aboriginal and Torres Strait Islander persons and reducing current levels of health disadvantage; preventative and population health interventions will be intimately placed within this process.

This three year plan outlines the domains, corresponding priority areas and proposed strategies that the unit plans to work across in the next 3 years. The unit has utilised an inclusive approach in developing this plan; recognising specific needs of the Aboriginal and Torres Strait Islander Community Control Sector and Indigenous persons, the broader state and national level policy contexts that define present and future directions of the Queensland and Australian health system.

1.2. Vision

The Preventative Health Unit aims to contribute to improving population health within Aboriginal and Torres Strait Islander communities by:

- Forging partnerships and developing strong working relationships across different elements of the health sector (including multi-level government and non-government bodies)
- Building capacity within both the Indigenous and mainstream health sector to address and respond to Aboriginal and Torres Strait Islander health priorities
- Supporting Aboriginal Community Controlled Health Services in Queensland to deliver best practice primary health care services, including preventative health strategy activities
- Where possible, integrating emerging national development and strategies in Indigenous primary health care delivery
- Raising collective knowledge and awareness of emerging issues and trends in Indigenous health
- Where possible work with non-health related sectors, promoting Indigenous health as a key priority when making executive decisions – making Indigenous health everyone's business.

1.3. Objectives

The objectives of the Preventative Health Unit are to:

- Provide specialist population and preventative health expertise to Aboriginal and Torres Strait Islander Health Services at local and regional levels

- Support the coordination of health service delivery for chronic disease, communicable disease and health promotion by improving linkages at local and regional levels between primary health care and population health and health promotion units
- Raise awareness of Indigenous health issues in the mainstream preventative and health promotion sector
- Ensure the most effective use of existing and new resources to improve health outcomes for Aboriginal and Torres Strait Islander people in Queensland
- Bid and secure funding through national and state population health initiatives as such project funding becomes available

1.4. Model

The Preventative Health Unit is underpinned by a regional model, with units established in both the south (QAIHC office in Brisbane) and in the north (QAIHC office in Townsville) of the State. The unit uses a coordination approach with the Population Health Unit providing coordination, mentoring, support and leadership to the CCHSs.

The Preventative Health Unit approach has drawn from the Burden of Disease model, principles of best practice and applies this to perspectives of primary prevention, by looking at correlations between risk factors and burdens of disease. This can be aligned with a shift toward preventative health strategies and implementation of measures that target risk factors before onset of disease occurs.

A key strategy has been using a workplace focus in CCHSs to address significant health risk factors (including: smoking, nutrition and physical activity). The rationale underpinning this work is that improving staff health will filter through to the community via professional and peer networks and in turn build organisational capacity within CCHSs to deliver improved brief interventions and support programs for their Aboriginal and Torres Strait Islander communities.

1.4.1. Structure

The Preventative Health Unit's activities are overseen by a steering committee which meets quarterly. Membership comprises representation from both QAIHC and Queensland Health (See Appendix 3).

1.4.2. Policy context

Consideration of broader contextual factors, including emerging policies and strategies, have played a role in defining unit directions and domain areas for action. This will ensure unit activities complement and align with other policies and plans also targeted at improving the health status of Aboriginal and Torres Strait Islander persons in Queensland. Relevant examples include:

- National Preventative Health Strategy and its response to Close The Gap;
- Queensland Strategy for Chronic Disease
- Making Tracks: toward closing the gap in health outcomes for Indigenous Queenslanders by 2033
- COAG Close The Gap initiatives
- National Preventative Health Taskforce May 2010
- Australian Government Indigenous Chronic Disease Package - Closing the Gap: Tackling Chronic Disease
- Australian Better Health Initiative (Tomorrow People Campaign)
- Queensland Health Aboriginal and Torres Strait Islander Workforce Strategy 2009 – 2012
- Toward Q2 Tomorrows Queensland
- Eat Well Queensland
- Be Active Queensland
- Active Healthy Communities
- Supportive Environments for Physical Activity and Healthy Eating
- Eat Well Be Active (Find Your 30)

2. Framework for action

The unit's planned activities fall under the following domain areas for action:

1) Primary Prevention: addressing lifestyle risk factors
2) Healthy Start to Life
3) Health Information Management and Quality Improvement

The following pages provide a breakdown of these domains, the priority areas they will address, strategies and interventions the unit proposes to develop and implement; and the performance measures that will be used to monitor and evaluate impact and affect.

2.1. Domain area 1 – Primary prevention: addressing lifestyle risk factors

The Burden of Disease reports (Vos, 2009) shows tobacco use, poor nutrition, physical inactivity and alcohol misuse are the leading risk factors contributing to the disproportionate burden of disease carried by the Indigenous Australian population, together accounting for 32% of the risk burden. Making Tracks (Qld Health 2010) shows similar patterns - 3 of the leading drivers in the health status gap between Indigenous and Non Indigenous Queenslanders are CVD, diabetes, chronic respiratory disease; tobacco use, poor nutrition and low levels of physical activity will be significant contributors to these morbidities. In breaking the cycle of disadvantage afflicting Indigenous populations, health interventions need to be supported by a wide range of preventative initiatives in both mainstream, and particularly, Indigenous health services. This has also led the National Preventative Health Taskforce to adopt a focus on preventable risk factors: obesity – targeting physical inactivity and poor nutrition, tobacco, alcohol and hypertension (R Moodie, NHF presentation 2009).

The following sub-sections indicate priority action areas falling under these domains and strategies that the unit is planning to implement.

Priority area 1: Tobacco

Tobacco is one of the priority areas named within the National Preventative Health Framework. The Preventative Health Unit shares this focus and will be extending on previous activities and cessation programs to increase CCHS capacity to deliver preventative services to their client populations; and improve health outcomes for Aboriginal and Torres Strait Islander persons.

Strategies

1) Workplace initiatives

- Support workplace staff cessation programs (e.g. Time To Quit) in member services and other Indigenous organisations
- Introduce workplace smoking policies (e.g. smoke free campuses)
- Enhance links to Quit line

2) Networking

- Link CCHSs and preventative health staff with other relevant bodies such as Cancer Council, Quit line, CEITEC
- Providing support and leadership to Close The Gap Tackling Smoking workforce to improve coordination and delivery of cessation/support

Performance Measures

- No services with smoke free campuses
- Participant feedback
- Staff and client smoking rates
- Smoking status recorded (monitor via QAIHC annual CCHS snapshot survey)

Related National and State Strategies

- Close the Gap Tobacco Strategy
- Making Tracks towards closing the gap in health outcomes for Indigenous Queenslanders by 2033 – policy and accountability framework,
- Queensland Drug Strategy
- Strategic Directions for Chronic Disease Prevention 2009 - 2012
- Alcohol, Tobacco and Other Drugs Prevention Statement

Priority area 2: Obesity (Nutrition and Physical Activity)

Obesity features as an additional priority and is identified in the National Preventative Health Strategy. Based on Body Mass Index, 57% of Indigenous people aged 18 or more can be classified as obese (ABS, 2004-5). This action area is linked to nutrition and physical activity interventions and the unit will be implementing initiatives across both these areas.

Strategies

1) Workplace initiatives
- Work with identified CCHSs to negotiate and endorse healthy workplace policies and programs

2) Workforce
- Deliver introductory health promotion training where appropriate
- Promotion of existing programs relating to nutrition and physical activity
- Facilitation of relevant training to deliver evidence based practice

3) Programs
- Trial MEND program with identified communities
- Revise and evaluate Good Quick Tukka

Performance Measures

- Implementation and evaluation of workplace policies in CCHSs
- Trained staff within CCHSs, with the ability to confidently deliver health promotion initiatives
- Recording of Nutrition and Physical activity (including BMI measurements) recorded in patient records across all member services
- QAIHC Indicators monitored via Benchmark reporting through the QAIHC DMU

Related National and State Strategies

- Queensland Health: food supply initiatives, Active Communities Initiatives
- Department of Sport and Recreation Strategic Plan 2009 -2012
- National Preventive Health Taskforce
- Strategic Directions for Chronic Disease Prevention 2009 – 2012
- Be Active Queensland 2006-2010
- Find your 30 – Healthy Kids for Life
- Supportive Environments for Physical Activity and Healthy Eating (SEPAHE)

Priority area 3: Oral Health

Dental caries is the second most costly diet-related disease in Australia, with an economic impact comparable with that of heart disease and diabetes (AHMAC 2001). Despite significant improvements in the oral health of children in the last 20-30 years, there are persistent high levels of oral disease and disability among Australian adults (AIHW 2002a). Poor oral health in this country is most evident among Aboriginal and Torres Strait Islander peoples, people on low incomes, rural and remote populations, and some immigrant groups from non-English speaking background, particularly refugees (AHMAC 2001).

Strategies

1) Member support services
   - Lead QI with member dental services
   - Lead health promotion work with member dental services
   - Incorporate activities both as a standalone and integral part of other health promotion activities (e.g. diabetes, cardiovascular disease, tobacco and alcohol control, nutrition);
   - Improve access to oral hygiene materials (toothbrushes, paste, floss);
2) Quality Improvement
   - Undertake a review of member dental services: access to dental services, number of chairs, outreach services, preventative work, health promotion
   - improve coordination and delivery of oral health services
3) Networks
   - Link ACCHSs with other relevant providers e.g. Queensland Health, university Dental schools, specialist providers

Performance Measures

- Number services with chairs
- Development performance measures

Related National and State Strategies

- Population Health Plan 2007-2012
- National Oral Health Plan 2004 – 2013
- National Aboriginal and Torres Strait Islander Oral Health Action Plan 2003

Priority area 4: Sexual Health

In Australia, higher rates of diagnosis of Sexually Transmissible Infections (STIs) and blood borne viruses (BBVs) occur among Aboriginal and Torres Strait Islander people than among non Indigenous people. Factors that may contribute to higher rates of BBVs and STIs include less access to health services, shortage of clinical staff, a younger and more mobile population, shame and historical factors associated with treatment and mainstream social marketing. Chlamydia is the most prevalent STI in Australia with 58,456 notified in 2008; 5,553 (9%) were among Aboriginal and Torres Strait Islander people.

Strategies

a) Member Support –
Assist member and non-Member Organisations with development and implementation of strategic/coordinated approaches to the delivery of SH/BBV services
- Promotion of CONDOMAN
- Identify gaps in sexual health programs among CCHSs

b) Networking -
- Planning, delivery and evaluation of annual deadly sex conference
- Family Planning Queensland (FPQ) in partnership with QAIHC to support the roll out of specialised clinic training for ATSI Sexual Health Workers.

c) Professional Development -
Partnering with QATSICHET in recruiting participants into the Diploma of Primary Health Care (Aboriginal and Torres Strait Islander Sexual Health)

d) Research -
- NACCHO and Networking Australian Harm Reduction Injecting Drug Use and Associated Harms amongst Indigenous Australians.
- NACCHO & Burnet Institute: Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance project.
- Linkage grant research project: National Sexual Health and relationships in young Indigenous people survey.
- Indigenous Injecting Drug Use in Queensland: Peer based research project.

Performance Measures

- Profiling/ scoping report on sexual health programs
- DSC evaluation report
- Resources distributed to CCHS
- Number of students completing Dip Course

Related National and State Strategies

- National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2010 - 2013.
- Queensland HIV, Hepatitis C and Sexually Transmissible Infection Strategy 2005 - 2011

2.2. Domain area 2 – Healthy Start to Life

Peri-natal maternal and childhood mortality in the Indigenous community remains higher than in the Non Indigenous community. In addition, recent analysis of Immunisation data shows that coverage of fully immunised children in the 4-5 year old group is up to 20% less in Indigenous children in some parts of the state. In addition coverage of some vaccines such as Hepatitis A is as low as 50% in some regions. Improving health during the peri-natal period and through to childhood will having lasting impacts through to adulthood with reductions in morbidity due to chronic disease.

Action area 1: Maternal and Child Health

Strategies

1) Member support services
- Facilitating access to funding streams
- Supporting quality improvement programs e.g. new directions, Healthy for Life
- Supporting health promotion in Children and Family Centres Facilitating the sharing of health promotion resources such as the Kids healthy messages on the Health Info NET Touch screens.

2) Networking
- Linking and coordination with other providers (e.g. Queensland Health MCH services) to enable improved coordination and service delivery
- Facilitating access to Queensland Health programs (e.g. Young Parents Support program, PPP)

Performance Measures

- Monitor no. pregnant women receiving care in member services - QAIHC DMU
- Decreased proportion of children < 5 years who are underweight
- Decreased proportion of children >15 years who are overweight
- Increase the proportion of all children in healthy weight range

Related National and State Strategies

- OATSIH: New directions, Healthy for Life
- Indigenous Early Childhood Development NPA Initiative
- Queensland Health Deadly Ears program

Action area 2: Communicable Diseases

"Aboriginal and Torres Strait Islander people have disproportionately high disease rates for some vaccine preventable diseases." (Queensland Health. 2006, *The Health of Queenslanders 2006).* As Indigenous status is poorly identified, it is difficult to determine the true burden of disease for many other notifiable conditions. Queensland's vaccination coverage rates for Aboriginal and Torres Strait Islander children at 24 to 27 months are comparable to both the national average and the non-Indigenous population coverage. However, vaccination coverage rates at 12 to 15 months of age and at 60 to 63 months of age are significantly less for Aboriginal and Torres Strait Islander children compared to non-Indigenous children. This indicates that these children are either not protected through vaccination, or are being vaccinated later than the recommended age, and are therefore at risk of contracting a range of vaccine preventable diseases."

Strategies

1) Member support services
- Support of the Queensland Aboriginal and Torres Strait Islander Catch-up Program
- Lobby for extension of endorsed Immunisation provider status to ENS and AHWs

2) Networking
- Instituting Immunisation network across QAIHC services – monthly teleconferences
- Linking CCHSs with other relevant bodies and programs (Queensland Indigenous Immunization Advisory group and the National Aboriginal and Torres Strait Islander Immunization Network)

Performance Measures

- Improved coverage immunization

1. Adults: fluvax pneumovax

2. Childhood immunization rates

- Es Hepatitis A and 4-5 year old group
- Establish Immunisation network across member services
- Attend state and national Immunisation committee meetings

Related National and State Strategies

- Strategic Directions for Communicable Disease Prevention and Control 2009 –2012 P.8, Queensland Health

2.3. Domain area 3 – Health Information Management and Quality Improvement

This will build on work already undertaken at QAIHC in the Population Health Unit. A QAIHC Core Indicator set has been developed to monitor the performance of medical clinics within the services. QAIHC has prepared two benchmarking reports based on the data to date. This data will be the basis on which to measure ongoing initiatives to drive quality improvement in health service delivery in our medical clinics and to aid in regional planning of health services.

Action area 1: Data Repository and Surveillance

Strategies

1) Establish a Data Repository for relevant health data at QAIHC:
    a. QAIHC Core Indicators
    b. Practice Health Atlas data
2) Collect, collate, analyze and report on health process and outcome data from all member services with medical clinics
    - Periodical (six monthly) reporting
    - Implement benchmarking approach
    - Introduce shared electronic health records
- Coordination and support of training in data and clinical systems

Performance Measures

- Number services participating in benchmarking i.e. submitting data to QAIHC
- Development of QAIHC page in APCC website to enable services to track performance over time
- Monitor prevalence rates of key risk factors and chronic diseases across ACCHSs patient populations

Related National and State Strategies

- QH ABCD program
- OATSIH sponsored nKPI development
- Close the Gap Evaluation Strategies

Action area 2: Quality Improvement

Strategies

1. Facilitate CCHS access to Quality Improvement programs as appropriate
    a. APCC Collaboratives
    b. Healthy for Life
    c. ABCD
2. Lead, coordinate and support participation in Quality Improvement programs
3. Facilitate training for member services to support improved delivery of clinical, population and health promotion services.
4. Monitor and support members services compliance with OATSIH reporting requirements
    a. Facilitate introduction of new OATSIH Web Based National Reporting System

Performance Measures

- Number services participating in Quality Improvement programs
- Number of staff trained in Quality Improvement work
- Implementation of biannual QI workshop program for member services and other interested collaborators
- Monitor performance trends on key indicators

Related National and State Strategies

- QH ABCD program
- OATSIH sponsored nKPI development
- Close the Gap Evaluation Strategies

Action area 3: Early Detection and Improved Management

Strategies

1) Member support – through use of APCC collaborative methodology

- Increase uptake MBS funded primary health care services (e.g. Health Checks/Assessments)
- Lead education on PBS and PIP Close the Gap initiatives
- Lead discussions on Improving balance between preventative strategies and acute care
- Use COAG initiatives for improving lifestyle risk factors, health promotion

2) Best practice approach

- Improve the patient journey e.g. increase self-management; improve client-service engagement;
- Lead the use of improving Clinical IT tools to enable access to best practice guidelines and decision making tools, e.g. PEN side-bar tool)

3) Networking

- Link services to new COAG workforce

Performance Measures

- Increase no Health Checks performed by 50%
- Increase use GPMPs by 50%
- PIP enrollment

Related National and State Strategies

- Close the Gap Strategies: NPAs
- Qld health: Tomorrow's People

3. Framework to support and enable all unit priority action areas

Underpinning the work of The Preventative Health Unit across all domains is a framework which includes activity in three key areas:

1. Social Marketing
2. Partnerships and Linkages
3. Training

1. Social Marketing

Social marketing strategies will continue to operate. These include the QAIHC Our Health segment on 4K1G which includes quarterly sessions providing information on updating the public on immunization, various health promotion key messages and initiatives, nutrition and physical activity activities and links with relevant national and state-wide social marketing campaigns.

QAIHC will continue to facilitate access to social marketing materials via flyers and other promotional materials, and via print media. These resources will be available to CCHSs to support preventative health activities and improve service-client services.

2. Partnerships and linkages

The QAIHC Preventative Health Unit will continue to increase collaboration between CCHSs and both Indigenous and mainstream providers (e.g. QDGP and Queensland Health).

Promote opportunities for shared learnings and knowledge exchange via CCHS participation in professional development, in planning implementing and evaluation of health promotion activities and in consultations with CCHSs, key community groups and stakeholders.

Regular meetings will be held with

a. Queensland Health and the Preventative Health Unit Steering Committee (see Appendix 1)
b. QAIHC IT network and OATSIH Health Information staff

3. Training

QAIHC will continue the work it has led in facilitating training across all domains. Training will be a priority for both QAIHC staff and staff in CCHSs. Where possible, QAIHC will link in with existing training programs. Some examples include:

- Tobacco work:
    - Cancer Council training: Quit Educator training
    - Smoke check training
    - Quit line training
- Brief intervention and Chronic Disease Self management training
- Immunisation training for Endorsed Nurse Immunisers
- Health Promotion and Population short courses, health certificates, diplomas and degrees
- Change Management and QI training:
    - Improvement Foundation
    - One Twenty One Seventy
- Data management training:
    - PEN CAT tool
    - Clinical IT systems training

Appendices

Appendix 1

Steering Committee

Steering Committee	**Representative**
Queensland Health, Health Promotion Unit	Mr Michael Tilse, Dr Amanda Lee
Queensland Health, Aboriginal and Torres Strait Islander Health Unit	Ms Haylene Grogan
Queensland Health, Public Health Unit	Ms Judy Kirkwood
Queensland Health, Public Health Unit	Ms Aleesa Clough
QAIHC, Manager Health Promotion and Prevention	Mr Lindsay Johnson
QAIHC, Director Preventative Health Unit	Dr Katie Panaretto (Chair)

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Appendix 2 - QAIHC Preventative Health Unit Action Plan 2010 – 2011

Aim: To provide clear goals and strategies around specific action areas for health promotion staff, and other relevant staff, within Community Controlled Health Services to deliver and achieve positive outcomes relating to nutrition, physical activity and tobacco.

Action Areas:

1. Develop a framework for the nutrition and physical activity workforce (close the gap funded positions healthy lifestyle workers) within community controlled health service.

2. To implement the QAIHC Nutrition and Physical Activity, Alcohol and Smoke Free (NPAASF) community controlled health services workplace policies.

3. Pilot community lifestyle programs for children and families eg. MEND, Obesity Prevention Australia.

4. To expand Good Quick Tukka (GQT) program (Cook it, Plate it, Share it), and to explore partnerships with corporate community.

5. To engage and collaborate with government, non government organisations and relevant stakeholders to work collaboratively on preventative health measures.

6. Strengthen, up-skill and support the Community Controlled Health Service (CCHS) staff and health promotion workforce to support people in making healthy choices.

7. Develop and deliver health related social marketing strategies specifically with Aboriginal and Torres Strait Islander communities.

8. Build the evidence base, monitor and evaluate effectiveness of action to further develop infrastructure and capacity

Action Area 1: Develop a framework for the nutrition and physical activity workforce (healthy lifestyle workers) within community controlled health service.

Objectives

1.1 ensure workforce is trained and competent

1.2 ensure workforce is getting mentoring, support, guidance and are connected (peer supervision program)

1.3 ensure workforce is retained and committed to national direction/job satisfaction

1.4 ensure delivery of key consistent messages (health promotion campaigns etc) statewide

1.5 ensure best practice service delivery of health promotion, at the community level of the workforce.

Strategies

- Collaborate with General Practice Queensland (GPQ) and Queensland Health (QH) to develop and deliver a health education training package, that includes competencies relevant to community and primary health care – delivering Indigenous health promotion strategies
- Assess and assist with professional development opportunities for meeting prerequisites of healthy lifestyle worker roles / qualification needs.
- QAIHC PA and Nu coordinators (and GPQ and QH equivalents) establish and implement framework for mentoring and peer supervision, in consultation with workforce
- identify and implement a leadership model that will be effective in bringing the workforce together
- induction, clear and transparent communication strategies, opportunities for input
- bringing the team together on regular basis for debriefing/updating/peer supervision/training
- Promote Living Strong, Tomorrow People campaign, Eat Well Queensland, Eat Well Be Active as key strategies.

Action Area 2: To implement the QAIHC Nutrition and Physical Activity, Alcohol and Smoke Free (NPAASF) community controlled health services workplace policies.

Objectives

2.1 20% of all CCHS have endorsed and implemented policies in 2010-2011

2.2 20% of all catered events will provide 80% of food offered as healthy choices.

2.3 To increase number of staff choosing healthy food alternatives, when ordering/providing food for meetings/events/groups

2.4 To increase staff participation in daily physical activity

2.5 Continue with Time 2 Quit strategies with 20% of services to have smoke free sites by December 2011.

Strategies

- Identify and recruit suitable champions to facilitate change.
- catering guidelines / manual developed for QAIHC and CCHS
- Negotiate flexible working hours with CEO's of services for staff to participate before, during and after (making time for physical activity)
- Develop a Responsible Car Use policy that encourage active commuting for short trip alternatives
- Provision of bike racks and lockers for end of trip facilities of active commuting and cycling mileage benefit.
- Provisions for allowing staff to spend less time in sedentary settings.
- Establish smoke free health sites

Action Area 3: Pilot community lifestyle programs for children and families

Objectives

3.1 CCHS staff trained in delivering community based best practice healthy lifestyle programs for Children and families

3.2 Increase participation/retention in group behaviour change lifestyle programs

3.3 To see a change in lifestyle behaviours within the pilot communities

3.4 collect and analyse data systematically across communities the impact that the programs have to add to evidence base, to evaluate processes, impact and outcomes.

Strategies

- Implement a pilot of MEND and or similar programs.
- Evaluate program processes and outcomes
- Modify program if needed and implement at regional/statewide level, in collaboration with government and non government key stakeholders.
- Co-facilitate and devise recruitment strategies for delivering Living Strong (Lifestyle Modification Programs)

Action Area 4: To expand Good Quick Tukka (GQT) program (Cook it, Plate it, Share it), and to explore partnerships with corporate community.

Objectives

By the end of the project we will have:

4.1 Increased the number of CCHSs who have Implemented GQT programs.

4.2 Continue to identify key advocates for the GQT program in other CCHSs

Strategies

- Explore other CCHS's and other community organisations to implement GQT
- Explore the potential to collaborate with other organisations /projects such as the choir (Kambu- Ipswich) and PASS Australia
- GQT process manual developed
- Identify key workers in each CCHS for GQT

Action Area 5: To engage and collaborate with government, non government organisations and relevant stakeholders to work collaboratively on preventative health measures.

Objectives

5.1 creating opportunities for youth to navigate from education to health related employment.

5.2 provide positive experiences to school age youth to encourage contemplation of careers within health and health promotion sector.

5.3 to contribute to the foundation of tomorrow's health promotion workforce.

Strategies

- Develop a working relationship with PASS Australia to determine a plan for working together in nurturing the growth of workforce capacity.
- CCHS to work close with local schools and training organisations in devising a promotional strategy for encouraging more students to choose health related careers.
- Through strategic partnerships look at developing best practice models based on healthy lifestyle programs.
- Advocate and support for the implementation of the Active Healthy Communities resource package within Aboriginal Regional Councils and their corporate plans and community plans.

Action Area 6: Strengthen up-skill and support the CCHS staff and health promotion workforce to support people in making healthy choices.

Objectives

6.1 To improve the health and well-being of staff and community

6.2 To increase their skills and knowledge of health and well-being and ability to deliver health messages.

6.3 To increase number of staff trained and able to deliver Brief Intervention strategies for positive lifestyle behaviour change

6.4 CCHS staff to focus on prevention and being positive role models within their local community.

Strategies

- Implement and action NPAA policy including staff orientation practices that outline healthy food and physical activity and tobacco workplace policy.
- Collaborate with GPQ and QH to develop and deliver a health education training package, that includes competencies relevant to community and primary health care – delivering Indigenous health promotion strategies
- Assess and assist with professional development opportunities for meeting prerequisites of healthy lifestyle worker roles / qualification needs.
- Assist staff to undertake further training to diploma or master's standard.
- To form robust networks with the COAG health promotion workforce to provide support and leadership.
- Co-facilitate training in Living Strong program delivery

Action Area 7: Develop and deliver health related social marketing strategies specifically with Aboriginal and Torres Strait Islander communities.

Objectives

7.1 To investigate the potential funding opportunities available through Queensland Health and Australian government for Community Controlled driven social marketing strategies/messages.

7.2 Encourage people to improve their levels of healthy eating and physical activity through comprehensive and effective social marketing and culturally appropriate health information

Strategies

- Support, implement and promote existing health awareness raising campaigns
- Increase awareness of staff of available current health information resources e.g. Health Infonet
- Develop culturally appropriate health information resources in collaboration with other peak health organisations and Queensland Health
- Assist CCHS in gaining nutrition resources available from the Queensland Government Book Shop e.g. Go for 2 and 5 and Tomorrows People.
- Disseminate and build awareness about the Aboriginal and Torres Strait Islander Guide to Healthy Eating.
- Promote Living strong, Tomorrow People campaign, Eat Well Queensland, Eat Well Be Active as key strategies.

Action Area 8: Build the evidence base, monitor and evaluate effectiveness of action to further develop infrastructure and capacity

Objectives

8.1 To be able to measure the impact and process evaluations of healthy eating, tobacco and physical activity projects, initiatives and services

8.2 Increase knowledge, awareness and skills of staff to effectively monitor, evaluate and report on projects, initiatives and services.

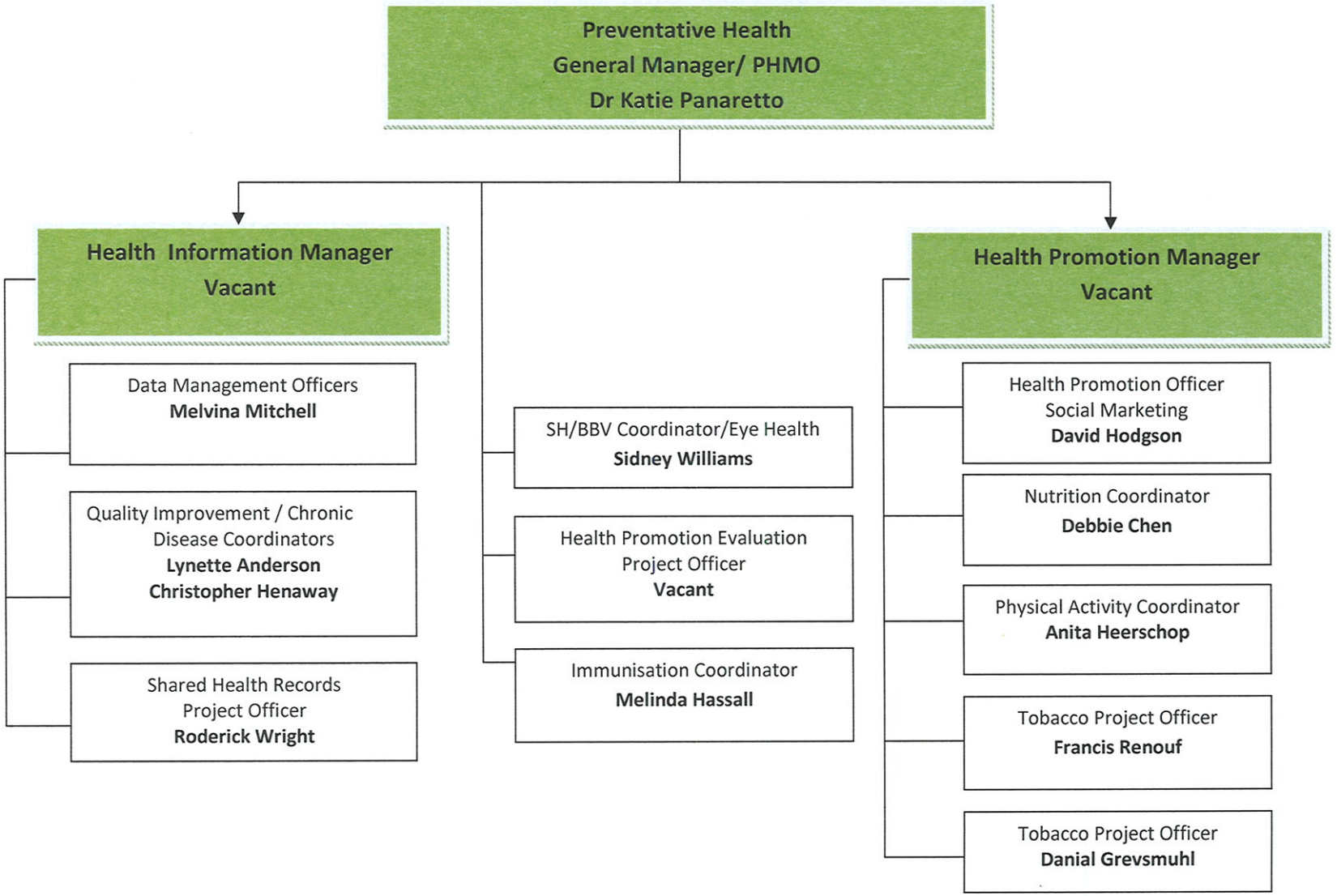
Strategies

- To support training and resources that could assist staff to evaluate the outcomes of their health promotion programs.
- Resource and training implementation, covering evaluation of services and programs: ensuring evaluation is included from the initiation of programs and services.
- Support and implement clear methods for the dissemination of learnings of programs and service implementation. E.g. publishing, presentations, discussion boards.
- Support continuous monitoring of evaluation processes.

Key Strategies in developing the QAIHC Preventative Health Unit Action Plan:

- National Preventative Health Taskforce May 2010
- Australian Government Indigenous Chronic Disease Package - Closing the Gap: Tackling Chronic Disease
- Australian Better Health Initiative (Tomorrow People Campaign)
- Queensland Health Aboriginal and Torres Strait Islander Workforce Strategy 2009 – 2012
- Toward Q2 Tomorrow's Queensland
- Eat Well Queensland
- Be Active Queensland
- Active Healthy Communities
- Eat Well Be Active (Find Your 30 campaign)

PREVENTATIVE HEALTH BUSINESS UNIT 2011



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