



**Australian Government**  
**Department of Health and Ageing**

# **COAG HEALTHY COMMUNITIES INITIATIVE**

## **Local Government Area Grants**

### **Phase 1 Pilot (April 2010 – June 2011)**

## **PROGRAM GUIDELINES**

### **1. Introduction**

#### **National Partnership Agreement on Preventive Health**

On 29 November 2008, the Council of Australian Governments (COAG) agreed to a package of reforms aimed at improving the quality and effectiveness of government services across Australia. The National Partnership Agreement on Preventive Health (the National Partnership) was funded to facilitate the reform process.

The National Partnership aims to address the rising prevalence of lifestyle related chronic diseases, by:

- 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
- 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 the National Partnership include provisions for the particular needs of socio-economically disadvantaged Australians.

#### **Council of Australian Governments (COAG) – Healthy Communities Initiative**

Through the National Partnership, the Australian Government is providing \$72 million over the next four years (2009-10 – 2012-13) to support Local Government Areas (LGAs)<sup>1</sup> in delivering effective community-based physical activity and dietary education programs as well as developing a range of policy environments to support healthy lifestyle behaviours.

The Healthy Communities Initiative (HCI) aims to help reduce the prevalence of overweight and obesity within the target populations of participating communities by maximising the number of at-risk individuals engaged in accredited physical activity and dietary education programs.

The HCI will utilise the following strategies to achieve these objectives:

- increase people's awareness of the importance of physical activity and healthy eating;

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<sup>1</sup> For the purpose of the HCI, LGAs have been defined as local governing bodies or established regional organisation of councils.

- increase the availability of accredited and appropriate physical activity, dietary education and healthy lifestyle programs;
- increase participation in these community based programs for those predominately not in the paid workforce; and
- utilise resources currently available through local government, the community and the commercial fitness, wellness and weight management sectors to facilitate the expansion of programs.

The Healthy Communities Initiative will operate alongside and complement other elements of the National Partnership, specifically the Healthy Workers and Healthy Children initiatives and the Measure Up social marketing campaign. Together these Initiatives will provide a comprehensive suite of services, programs and policies catering for the population as a whole.

LGA grants will be awarded in three phases commencing with a ‘pilot phase’ in April 2010. The 2nd phase will commence in January 2011 with a 3rd and final phase commencing in July 2011.

### **COAG Healthy Communities Initiative – ‘Pilot Phase’**

During the ‘pilot phase’ of the HCI the Australian Government will fund up to 12 ‘pilot’ LGAs to serve as demonstration or ‘learning-by-doing’ models to inform the on-going roll-out of the Initiative. Grants will be distributed across states and territories on a population basis as follows:

New South Wales	2 grants	Victoria	2 grants
Queensland	2 grants	Western Australia	2 grants
South Australia	1 grant	Tasmania	1 grant
Northern Territory	1 grant	ACT	1 grant

Funding of \$270,000 (GST exclusive) per annum will be made available to successful LGAs over a period of 15 months (2009-10 – 2010-11), totalling \$410,130. Funding will be indexed at 1.019% p.a over the life of the HCI. The provisions of the Australian Taxation Office's GST Ruling GSTR 2006/11 Goods and services tax: Appropriations ("GSTR 2006/11") enable such payments to be treated as outside of the scope of GST. Therefore, GST is not payable on these payments.

Pilots will be reviewed at the beginning of 2011 and their progress in meeting the aims and objectives of the HCI will be assessed. Following this process pilot sites successfully meeting the aims and objectives of the HCI will be encouraged to apply for further funding in Phase 2. Contracts are expected to commence in April 2010.

The Commonwealth will work with each State and Territory and with the Australian Local Government Association (ALGA) to identify LGAs that meet the criteria set out below to apply for funding in the Pilot Phase. Successful LGAs will then collectively pilot a number of implementation models across a range of target cohorts. These models could include, but are not limited to:

- a single LGA;
- a lead LGA and a small group of partnering LGAs with neighbouring target cohorts; or
- a pre-established arrangement between a single LGA, *or* a lead LGA with a small group of partnering LGAs with neighbouring target cohorts, **and** a not-for-profit organisation.

The lead LGA, in all instances, will be responsible for the HCI LGA grant.

LGAs in the pilot phase will be required to target individuals not predominantly in the paid workforce and at a high risk of developing chronic disease. Within this group, preference should be given to disadvantaged individuals, whilst ensuring that the reach of the project maximises the impact of the grant. In this context, target cohorts could include:

- Aboriginal and Torres Strait Islanders;
- recently or long term unemployed;
- part-time or casual employees not sufficiently serviced by workplace programs run through the Healthy Workers Initiative;
- older Australians;
- people from Non English Speaking Backgrounds (NESB); and
- new wave migrants

## **2. Eligibility Criteria**

Only LGAs (defined as local government bodies, either individually, as a member of a consortium or as a member of an established regional organisation of councils) can apply for funding under the HCI. Multiple applications are not permitted.

Additionally:

- Socio-economic disadvantage – One of the early priority groups for the Australian Government’s social inclusion agenda are locations experiencing multiple and concentrated disadvantage. As part of this priority group particular attention is being placed on identifying communities that have a high concentration of people who live in one of the most disadvantaged 5% of Census Collection Districts based on the 2006 ABS SEIFA index of relative disadvantage. In assessing against this criterion consideration may also be given to potential LGAs who fall outside the Social Inclusion target but still have demonstrable pockets of disadvantage with low employment participation and high income support rates.
- Rates of Obesity and overweight – Results from the 2007-08 National Health Survey (NHS) show that 61.4% of Australian adults are overweight or obese. In assessing against this criterion, LGAs with levels of overweight and obesity that reflect or are higher than the national average will be considered.

## **3. Selection Criteria**

The Australian, State and Territory Governments will identify and select LGAs to submit applications for the 12 Phase 1 pilot grants.

The Australian Government will require all applicants to provide information relating to their proposed approach in implementing the grant, their capacity to successfully implement the grant, and how this proposed approach will link with existing national policies and priorities.

### **A. Program Design**

Applicants will be required to provide the following information:

- the precise target cohort;
- the number of people expected to be influenced by the initiative;
- the proposed programs, venues and service providers they intend to use;

- the proposed local leadership, coordination and recruitment strategies to engage the target cohort;
- how participation will be monitored and evaluated, including the proposed monitoring arrangements for measuring overweight and obesity in participants;
- the synergies of the proposed project with other initiatives that may impact on efforts to address overweight and obesity in the community;
- the endorsement of the relevant state/territory health departments and the local Division(s) of General Practice; and
- a project budget detailing how the funding will be spent.

In addition, LGAs will be assessed against the following:

## **B. Capacity, synergies and leadership**

- The capacity of LGAs to undertake and successfully manage HCI grants. This criterion will specifically assess a LGA's capacity to:
  - participate in the collection of baseline data – epidemiological profile and community needs analysis;
  - develop and work in partnership with key organisations and agencies.
  - provide administrative and accommodation support for the Healthy Communities Coordinator function. A description of this function is available at [Attachment A](#);
  - address the local policy environment to encourage healthy lifestyle behaviours;
  - develop sustainability mechanisms into community based programs; and
  - contribute to an evaluation of both an individual grant and the initiative as a whole.
- LGAs will be required to maximise the synergies of the proposed project with other initiatives aimed at addressing the behavioural risk factors for overweight and obesity in the community. Therefore preferential consideration will be given to LGAs who can demonstrate links with existing Australian Government, state based, Division of General Practice, NGO, private industry, local or community funded programs such as infrastructure funding, health promotion or health service delivery.
- LGAs will be required to identify a local individual or organisation (this could be the Council itself) who will champion the push within the local community for healthier lifestyles. In addition LGAs should be able to demonstrate a proven history or capacity for innovation and community development.

## **C. Commitment to related policy**

- LGAs should have a demonstrated commitment to:
  - the Australian Government's social inclusion agenda including Closing the Gap;
  - national guidelines and recommendations relating to Physical Activity and Healthy Eating;
  - built environments that support healthy living;
  - integrated planning; and
  - sustainability.

#### 4. Site Selection

A final decision on which LGAs will receive funding through the pilot phase will be made by the Department of Health and Ageing. Advice may be sought from the Project Steering Committee. In selecting the pilot sites, the Department will have regard to the need to ensure the pilot phase has a diverse range of implementation models across a range of population sub groups and geographic locations. Feedback will be available for all unsuccessful sites to assist them in improving their application for resubmission during the subsequent phases of the HCI.

Following an internal review of Phase 1, grants will be advertised nationally under Phase 2 and 3 respectively and will be awarded on a competitive basis. Separate Program Guidelines will be developed for these phases.

#### 5. The Grant

Funding of \$270,000 (GST exclusive) per annum will be made available to successful LGAs over a period of 15 months (2009-10 – 2010-11), totalling \$410,130. Funding will be indexed at 1.019% p.a over the life of the HCI. Funding will support Local Government in delivering effective community-based physical activity and dietary education programs as well as developing a range of policy environments to support healthy lifestyle behaviours.

Each successful LGA will be required to submit a detailed workplan in early June 2010. This workplan must outline recruitment, consultation and planning processes, proposed activities, strategies, target audiences, delivery and support responsibilities and timelines. Status reports will be required at regular intervals throughout the project.

#### What can the funding be spent on?

The Australian Government will require participating LGAs to use funding from this grant to:

- fund a Healthy Communities Co-ordinator position / function within local government to oversee and coordinate the implementation of the HCI within the LGAs target population;

#### **AND any combination of:**

- subsidise the costs to individuals of participating in accredited dietary education, physical activity or healthy lifestyle programs;

#### **AND/OR**

- run or purchase accredited community based healthy lifestyle programs;

#### **AND/OR**

- purchase or subsidise training for community members to run accredited community based healthy lifestyle programs within specified professional skill requirements.

A smaller component of funding from this grant may also be used to support the following activities:

- undertake community consultations with direct relevance to the HCI;
- adapt or design programs that specifically address the needs of the target population;
- run community events that support the aims of the HCI (for example Measure Up themed showcase of community dietary education and physical activity service providers);
- promote the local activities being undertaken as part of the Initiative;
- purchase or subsidise equipment (not including IT) to support the roll out of the initiative;

- fund the development and maintenance of sustainable community gardens where this is linked to initiatives to educate the community about the benefits of healthy eating;
- undertake strategic planning for healthy lifestyles, and creating environments conducive to making healthy lifestyle choices;
- travel expenses directly associated to the delivery of the HCI;
- support the development of local policies that encourage, promote and facilitate healthy lifestyle behaviours; and
- fund minor infrastructure investments of up to 10% of the grant funding amount to promote, encourage or facilitate healthy eating, physical activity or healthy lifestyle behaviours consistent with the aims of the HCI.

Applicants may also apply for the alternative use of funds for innovative approaches for reducing overweight and obesity in the target cohort, but will need to demonstrate how the proposed use of funds would meet the objectives of the program in their community. Building or purchase of capital infrastructure (facilities) would not be eligible for such alternative funding.

### **What will not be funded?**

The grant does not provide funding for the following activities:

- activities that have no link to the Healthy Communities Initiative;
- programs or activities currently funded through existing resources or external funding sources that have not been redesigned or expanded to meet the objectives of the HCI;
- projects already receiving funding from the Community Infrastructure Grants program;
- clinical services such as GP visits or referral visits to allied health professionals and individual diagnostic testing (blood tests and diagnostic imaging);
- on-going individualised case management;
- individuals to participate in commercial weight loss programs where the primary focus is on profitability and which are not part of a broader healthy lifestyle program in the community;
- infrastructure projects greater than 10% of the grant (generally);
- the purchase or lease of land, facilities or vehicles;
- initiatives that only address food security, such as the on-going provision of food, and which are not linked to initiatives that aim to educate the community about healthy eating;
- subsidise profits of a commercial entity;
- core organisational operating costs; and
- organisations that utilise sponsorship or support to promote food or beverage products considered to be high in sugar, salt and saturated fat, tobacco or alcohol.

This list is not exhaustive and the Department of Health and Ageing reserves the right to exclude programs, activities or services deemed to be inappropriate or counter to the aims and objectives of the HCI.

### **What are the conditions for funding?**

Successful applicants will be required to enter into a funding agreement with the Australian Government managed through the Department of Health and Ageing. The funding agreement outlines the obligations of both parties under the HCI. Applicants must agree to the

conditions set in the funding agreement. A draft funding agreement is available at Attachment B. Conditions will include:

- developing and submitting an agreed and detailed workplan covering the duration of the funding period in early June 2010;
- the timely completion of the project milestones which will be linked to progress payments;
- funded activity taking place within the specified LGA(s);
- appropriate financial management (including timely reporting);
- compliance with HCI and National Partnership Agreement of Preventive Health evaluation requirements;
- acknowledgement of the Australian Government as the source of funding for activities undertaken as part of the HCI; and
- if successful, applicants must take up the grant upon execution of the funding agreement.

## 6. How to apply for this grant?

Application packages will be made available to all selected LGAs from 25 November 2009. Selected LGAs will be invited to submit an application package (Attachment C) by 2.00pm 22 January 2010.

Applicants must forward 4 copies (1 marked Original) **unbound** (i.e. not stapled), including supporting documents (word format, single sided), plus an electronic copy (2003 word format) to:

Tender Box No. ITA – 167/0910 Department of Health and Ageing Ground Floor, C Block, Penrhyn House, Bowes Street WODEN ACT 2606
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Applications **must** be hand delivered by an employee, agent or representative of the Tenderer or courier contracted by the Tenderer.

## Who to contact for more information?

Further information will be available from [COAGHealthyCommunities@health.gov.au](mailto:COAGHealthyCommunities@health.gov.au).



**Australian Government**  
**Department of Health and Ageing**

**COAG HEALTHY COMMUNITIES INITIATIVE**  
**Phase 1 - Local Government Area Grants**

**HEALTHY COMMUNITIES COORDINATOR**  
**FUNCTION SPECIFICATION**

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**Function Summary**

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- *The Healthy Communities Co-coordinator function will be responsible for developing a coordinated approach to delivering programs and activities meeting the aims and objectives of the COAG Healthy Communities Local Government Area (LGA) grants.*

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**Key Working Relationships**

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- The function would sit within a 'local Council' and would be undertaken on behalf of a recipient of a COAG Healthy Communities – LGA Grant.
- Exact roles and responsibilities will be negotiated between recipient LGAs, the Australian Government and the individual assigned these functions.
- The position will work closely on a day to day basis with the Australian Government, the relevant state / territory government, program providers and relevant senior council staff.
- This position is required to establish and maintain consultative and collaborative working relationships with other government agencies (national and state) and external key stakeholders including the local Division of General Practice and third sector organisations.

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**Statement of Key Outcomes and Activities**

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Specific functions within this role include:

- identify target groups / individuals within a successful LGA;
- facilitate and maximize participation in community based healthy lifestyle programs for the target groups / individuals;
- oversee the subsidy of costs for groups or individuals to participate in healthy eating, physical activity or healthy lifestyle programs;
- establish / manage on-going relationships and negotiate with key stakeholders including national or state based program providers or potential participants; and
- participation in local, state and national healthy lifestyle networks.

In addition the function may incorporate:

- running community events that support the aims of the HCI;
- liaising with local media;
- managing community consultations, needs analysis and environmental scan of community based healthy lifestyle programs;
- promoting the local activities being undertaken as part of the Initiative; and
- supporting the development of local policies that encourage, promote and facilitate healthy lifestyle behaviours; and
- adapting or designing programs that specifically address the needs of the target population;