Healthy Communities Initiative
Quality Framework
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Introduction

Under the National Partnership Agreement on Preventive Health, $72 million is available over four years (2009-10 to 2012-13) for the Healthy Communities initiative (HCI) to support Local Government Areas (LGAs) 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 grants to LGAs aim to help reduce the prevalence of overweight and obesity in communities by maximising the number of at-risk individuals engaged in healthy lifestyle programs. The HCI targets disadvantaged populations and those predominately not in the workforce.

The Commonwealth Department of Health and Ageing is supporting the implementation of the HCI by developing and funding:

- a Quality Framework that will ensure healthy lifestyle programs operating under the HCI, and those who deliver them, are of an appropriate standard and quality
- a Registration Body that will assess programs and providers against the Quality Framework
- a web-based Information Portal that will list the programs and providers that are registered under the Quality Framework
- National Program Grants to not-for-profit organisations to help them expand their healthy lifestyle programs nationally, including to HCI funded LGAs that wish to utilise them.


The HCI Quality Framework aims to ensure healthy lifestyle programs utilised under the HCI are:

- of an appropriate standard and quality
- delivered by appropriately skilled persons
- risk managed (to minimise the likelihood of adverse events)
- monitored and accountable for results.

This document describes the HCI Quality Framework which was developed:

- based on available evidence identified during a literature review and environmental scan of existing quality frameworks and systems
- by ‘field testing’ a draft Quality Framework with selected LGAs and program providers and incorporating their feedback in to revised editions
- by incorporating broader stakeholder feedback obtained during extensive stakeholder consultation processes including workshops in each state and territory
- by liaising with, and seeking advice from, a Project Reference Group consisting of members from key stakeholder groups.

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1 For the purpose of the HCI, LGAs have been defined as local governing bodies or established regional organisations of councils.
Introduction, Continued

Principles of the HCI Quality Framework

The Framework is based on the following principles. The Framework:

• supports the use of health promoting approaches
• recognises existing relevant professional registration and credentialing schemes
• recognises existing quality improvement frameworks that program providers may currently follow
• promotes the use of the current evidence base to ensure culturally, geographically, demographically and socio-economically appropriate and effective programs and interventions
• supports capacity building and continual improvement
• acknowledges different levels of risk and supports risk identification and appropriate risk mitigation
• recognises and attempts to minimise the compliance burden
• recognises the need for review and evolution of the Framework.

Key Features of the HCI Quality Framework

The key features of the HCI Quality Framework are that it:

• is voluntary
• is underpinned by a solid risk management approach that recognises the diversity of risk in the physical activity, healthy eating and healthy weight sectors
• can be used:
  o to demonstrate that an organisation meets standards that have been developed in consultation with healthy lifestyle sectors
  o as a mechanism to identify, plan, implement, monitor and evaluate quality improvement initiatives relevant to healthy lifestyle programs
• supports an evidence based approach
• recognises accreditation against other standards/quality processes (e.g. professional accreditations, LMP Program, EQuiP) and subsequently reduces the number of criteria that must be addressed by organisations or providers already holding such accreditation.

Scope of the HCI Quality Framework

The Framework has been developed to support the HCI and therefore targets programs and providers that:

• are utilised under the HCI
• are consistent with national guidelines on physical activity, healthy eating and healthy weight (where available)
• target communities experiencing socioeconomic disadvantage
• target adults particularly those not in the paid workforce.

Whilst this is the primary focus of the HCI Quality Framework, it can be applicable to all LGAs, organisations and providers delivering healthy lifestyle interventions.

Registration Body and Information Portal

A Registration Body will be contracted to manage the registration process and will be able to provide assistance and clarification on any matter relating to the HCI Quality Framework and registration process.

In addition to the Registration Body, an Information Portal will be developed as a one stop web-based portal of information on the HCI and registered providers and programs.
The Framework

The HCI Quality Framework comprises three components: Service Provider Registration, Program Registration, and Principles for LGAs. See Table 1 and Diagram 1 for further details.

<table>
<thead>
<tr>
<th>Component</th>
<th>Description / Purpose</th>
<th>Object / Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Provider Registration</td>
<td>A set of quality standards and performance criteria organised into eight domains and a self assessment process developed for providers of healthy lifestyle programs. The standards will help ensure a provider’s services are of a sufficient quality.</td>
<td>Must be completed in order to become a registered provider under the HCI Quality Framework.</td>
</tr>
<tr>
<td>(at Attachment 1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Registration</td>
<td>A set of criteria to assess the quality of program guidelines. The Program Registration has been developed to:</td>
<td>Must be completed in order to register a program under the HCI Quality Framework.</td>
</tr>
</tbody>
</table>
| (at Attachment 2)                  | • assess the appropriateness of programs to be registered under the HCI Quality Framework  
  • provide a checklist for providers to use when developing or assessing programs.                                                                                                                                 |                                                                                                           |
| Principles (for LGAs)              | A set of capacity building principles to be used by LGAs to assist in developing, implementing and sustaining effective local approaches to promoting and supporting healthy communities. The Principles will guide the development of best practice healthy communities approaches. | Is provided as a guide only and will not be assessed under the HCI Quality Framework.                     |
| (at Attachment 3)                  |                                                                                                                                                                                                                       |                                                                                                           |

Table 1: HCI Quality Framework Components

Diagram 1: Healthy Communities Initiative Quality Framework Components
Which component should I use?

The following decision making tree (see below flow chart at Diagram 2) has been developed to assist in determining the processes and actions that must be completed under the HCI Quality Framework for most service types and modes of operation. If you cannot determine where you fit or what you should do please contact the Registration Body for clarification.

Diagram 2: Which component/s of the Framework do I use?
Service Provider Registration

The Service Provider Registration at Attachment 1 has been developed for organisations/individuals that directly deliver healthy lifestyle programs to communities, groups and individuals. As such, providers represent the 'sharp end' of the HCI — that is, the interface between intervention and clients is the point at which the most risk and the biggest opportunity to effect quality improvement resides.

A comprehensive approach to Service Provider Registration is appropriate and beneficial for a broad range of providers across the physical activity, healthy eating and healthy weight sectors. The Service Provider Registration process is not expected to pose a significant challenge to those organisations or individuals that have experience in developing quality systems. However, this Framework may be challenging for some providers who have had little involvement in quality processes. Support and resources will be available from the Registration Body and the HCI Information Portal.

The HCI Quality Framework is based on four essential domains:
- risk and safety
- effectiveness and appropriateness
- consumer and community engagement
- access and equity.

Service provision is then underpinned by the elements of:
- workforce
- organisational capacity
- information management
- continuous improvement.

This approach to Service Provider Registration is represented below in Diagram 3.
Service Provider Registration, Continued

Service Provider Registration is applicable to any organisation/individual that is providing healthy lifestyle interventions directly to clients. This may include:

- independent providers including community groups, for profit and not for profit providers
- LGAs who are running programs directly themselves
- units/programs provided as just one component of a larger organisation, for example the Health Promotion Unit within a health service
- those programs who train and licence providers to provide their program under their name/brand.

A detailed Service Provider Registration Guide will be made available. The Guide is a self-directed resource kit that provides assistance for service providers in using the Service Provider Registration.

Process:
Providers that want to be registered under the HCI Quality Framework will need to follow the instructions provided in detail in the Service Provider Registration Guide. In summary the steps include:

- review the Performance Criteria in the Service Provider Registration summary at Attachment 1
- complete an online self assessment form
- complete an Action Plan outlining planned improvements identified during the self assessment process
- submit the self assessment form and Action Plan along with sample evidence to the Registration Body for assessment.

Providers should also complete the Program Registration at Attachment 2 if they want to register the program they deliver under the HCI Quality Framework (further details on the Program Registration process are provided later in this document).

The Registration Body will then:

- assess the submitted documentation
- communicate with the provider, as required
- notify the provider of the outcome of the assessment process
- list registered providers and programs on the HCI Information Portal.

The Registration Body will provide support to applicants throughout the process and will provide feedback to all applicants regardless of the outcome of the assessment.

Continued on next page
Providers with current accreditation

- Providers that are accredited through another program should contact the Registration Body to determine which components of the Service Provider Registration criteria must be completed.
- Providers that are accredited through the Australian Council of Health Care Service (ACHS) Evaluation and Quality Improvement Program (EQuIP) will only need to complete the criteria listed in Table 2 below.
- Evidence of existing accreditation and any restrictions or high priority recommendations outlined by the accrediting body must be supplied (by email or post) to the Registration Body.

<table>
<thead>
<tr>
<th>No</th>
<th>HCI Domain</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Access and Equity</td>
<td>The provider ensures all marketing and advertising is ethical, accurate and consistent with the scope of services</td>
</tr>
<tr>
<td>2</td>
<td>Effectiveness and Appropriateness</td>
<td>Programs promote behavioural change</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Programs are provided according to relevant evidence based approaches and/or best available evidence</td>
</tr>
<tr>
<td>3</td>
<td>Consumer and Community Engagement</td>
<td>The provider engages with the community to promote healthy lifestyles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Success is celebrated</td>
</tr>
<tr>
<td>4</td>
<td>Organisational Capacity</td>
<td>The organisation role models healthy living</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The organisation declares funding sources and has explicit policies for donations, sponsorship and marketing</td>
</tr>
</tbody>
</table>

Table 2: HCI Quality Framework criteria required by EQuIP approved services
**Program Registration**

The Program Registration at [Attachment 2](#) has been developed for providers to assess the quality of their existing program/s. It can also be used as a guide by providers who want to develop new programs.

Program Registration also provides evidence to meet the criteria within the domain of ‘Effectiveness and Appropriateness’ in the Service Provider Registration.

The approach to Program Registration is represented below in Diagram 4.

**Diagram 4: Program Registration Framework**

Providers who would like to have their program listed on the HCI Information Portal must complete and submit the Program Registration to the Registration Body for assessment.

**Program Registration is applicable to:**
- those who want to have their program listed on the HCI Information Portal
- those who are undergoing the Service Provider Registration and also want to have program/s (that are not yet registered and listed on the HCI Information Portal) assessed and registered
- those who have developed healthy lifestyle programs and want to ensure the program is comprehensively described and meets quality criteria
- those who would like to develop a program, who can use the Program Registration as both a planning tool and criteria checklist.

**Process:**
- Applicants wanting to have their program/s registered on the HCI Information Portal must submit to the Registration Body (for each program):
  - a completed Program Registration
  - a detailed program outline
  - resource material relevant to the program
- Submissions will be formally assessed by an expert group managed by the Registration Body
- The Registration Body will communicate with the applicant as required
- The Registration Body will list registered programs on the HCI Information Portal.

The Registration Body will provide support to applicants throughout the process and will provide feedback to all applicants regardless of the outcome of the assessment.
Registration Body Process

Registration Body Role

The Registration Body will:

• provide support to LGAs and providers in understanding the intent, benefits, application and registration of programs and providers using the HCI Quality Framework and supporting documents
• assess programs and providers
• register programs and providers
• maintain up to date information and resources (including a list of registered programs and providers) on the HCI Information Portal
• collate information on application and uptake of the HCI Quality Framework.

It is anticipated that the Commonwealth Department of Health and Ageing will engage a suitably qualified organisation or consortium to fulfil the role of the Registration Body in early 2011. Any changes to the registration process that may arise once the Registration Body has been set up will be clearly communicated to stakeholders.

Desktop Audit and Site Visit

The Registration Body will conduct a desktop audit of all submissions under the HCI Quality Framework.

To ensure a robust system, site audits will be conducted with 10% of applicants seeking registration under the Framework. Applicants selected for site audits will be contacted by the Registration Body who will provide information on the process. The site audits will be planned and will not occur without the applicant receiving prior notice.

Life of Registration

Registered providers and programs will be required to be reassessed every two years or sooner if significant amendments (including change to program scope, qualifications required and major changes to approach or content) to the program occur.

This will ensure the Framework remains an active part of the provider and program management and will assist in providing sufficient data to inform future reviews of the Framework.
**Principles**

In order for the HCI to be successful, the LGAs that are implementing and overseeing the initiative in their communities need to assume some responsibility and accountability for driving change to promote healthy lifestyles.

The Principles for LGAs at [Attachment 3](#) have been developed based on available evidence of successful health promotion and community capacity building. The Principles have been designed to assist LGAs in developing, implementing and sustaining local effective approaches to promoting and supporting healthy lifestyles, with the aim of improving the health of their communities. It is anticipated that the Principles will also act as a guide for those organisations wanting to promote healthy communities even in the absence of discrete funding to do so.

**The Principles are applicable to:**
- all LGAs with HCI funding
- other LGAs who focus on improving the health of local communities by promoting healthy lifestyles.

**Process**
- The Principles are provided as a guide only and will not be assessed by the Registration Body.
- LGAs should review the Principles and consider the suggested approaches when they plan and implement relevant strategies.
- The Principles should assist LGAs with having appropriate information for both submissions for funding and reporting on HCI Grants.
## Attachment 1: Service Provider Registration

Providers using this Framework must ensure that at a minimum they are adhering to relevant legislation including occupational health and safety, privacy, fair trading, and record retentions as is relevant in their jurisdiction.

<table>
<thead>
<tr>
<th>Domains</th>
<th>Risk and Safety</th>
<th>Access and Equity</th>
<th>Effectiveness and Appropriateness</th>
<th>Consumer / community engagement</th>
<th>Workforce (includes paid, unpaid and those under license)</th>
<th>Organisational Capacity</th>
<th>Information Management</th>
<th>Continuous improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard</strong></td>
<td>Programs are delivered safely through a comprehensive risk management approach.</td>
<td>Providers enhance accessibility to promote equity.</td>
<td>Programs and interventions are consistent with national nutrition, physical activity, weight loss and obesity prevention guidelines (where available).</td>
<td>The provider actively engages with its consumers and the local community to promote healthy lifestyles.</td>
<td>The workforce is capable of delivering and supporting the programs being offered.</td>
<td>The organisation is capable of delivering and supporting the programs being offered.</td>
<td>Data and information are used effectively.</td>
<td>The provider fosters and encourages the use of continuous quality improvement.</td>
</tr>
<tr>
<td><strong>Performance Criteria</strong></td>
<td>The provider has an active risk management policy. A risk assessment is undertaken for all programs in each environment in which they are delivered. Clients are provided with information about program intent, potential risks and consent is obtained confirming awareness and acceptance of the risks.</td>
<td>The provider ensures all marketing and advertising is ethical, accurate and consistent with its scope of services. Access and equity are enhanced by reducing barriers for specific target groups. The provider works collaboratively with relevant professionals / groups / organisations.</td>
<td>The provider bases its program planning on: current frameworks; local, state and national plans; and assessed need. Programs are provided according to relevant evidence based approaches and/or best available evidence. Programs promote behavioural change. Broader components of lifestyle modification and health awareness are promoted.</td>
<td>The client/group is involved throughout the enrolment, program and feedback process. The provider engages with the community to promote healthy lifestyles. Success is celebrated.</td>
<td>The workforce is selected and trained to ensure skills match the program requirements and client risk. The workforce operates within boundaries of designated roles /scope of practice. The workforce is actively engaged in program design and improvement. Training, support and professional development opportunities are facilitated. The workforce delivering programs is formally reviewed</td>
<td>The organisation articulates its business / program scope. The organisation role models healthy living. The organisation has an articulated, effective governance structure. Resource allocation is managed to achieve efficiency and effectiveness. The organisation identifies approaches to achieve program / organisation sustainability. The organisation declares funding sources and has explicit policies for donations, sponsorship and marketing.</td>
<td>Compliance with local, state and national data collections is achieved. The provider has documented protocols /policies for all data collections, use and disclosure. The workforce is trained to ensure there is consistency of data collection.</td>
<td>Relevant reference material is readily available to clients and staff. Data are used to evaluate the effectiveness of programs. Opportunities for improvement are identified and acted on.</td>
</tr>
</tbody>
</table>

Refer to the detailed Service Provider Registration Guide for assistance in using the Service Provider Registration.
Attachment 2: Program Registration

Introduction

Program developers and providers should use the following Program Registration to ensure their healthy lifestyle program is comprehensively described and meets the HCI Quality Framework criteria. Those who want to have their program/s registered and listed on the HCI Information Portal must submit the completed Program Registration along with a detailed program outline and resource material to the Registration Body for assessment.

A detailed guide for the Program Registration will be made available.

Using the Program Registration

Applicants who want to register a healthy lifestyle program and have it listed on the HCI Information Portal
- Those wanting to register a program and have it listed on the HCI Information Portal must submit to the Registration Body (for each program):
  - a completed Program Registration;
  - a detailed program outline; and
  - resource material relevant to the program
- Submissions will be formally assessed by an expert group managed by the Registration Body
- The Registration Body will communicate with the applicant as required
- Where approved, programs will be listed on the HCI Information Portal
- Programs must be reassessed every two years or sooner if significant changes to the program occur.

Providers who would like to deliver a program that is already listed on the HCI Information Portal (that may have been developed by others)
- Programs that are listed on the HCI Information Portal have already been assessed and registered by the Registration Body. You therefore do not need to complete the Program Registration.

Organisations/individuals who want to develop a healthy lifestyle program:
- Use this Program Registration to ensure the program is appropriate and comprehensively described
- Use this Program Registration as a guide to structure the program resources
- Ensure all criteria of the Program Registration are considered and addressed.

A Note about Evidence Base

The level of evidence to support programs in the healthy living context is emerging. There is work occurring nationally and internationally to strengthen the evidence base. However, in the meantime the extent of robust, rigorous evidence that can be applied to different settings, client groups and contexts may not be available for all programs. This Program Registration will prompt the review of the quality of design and evidence base of programs which will assist in ensuring that best practice is further implemented.

For those wanting to know more about assessing and using evidence, the following resources may be useful:
  www.nice.org.uk/niceMedia/docs/Moving_beyond_effectiveness_in_evidence_synthesis2.pdf
- Latest work by the NHMRC on evidence base for guidelines
## Program Registration Criteria

The program adequately describes:

- Scope and target
- Skills and qualifications required to implement
- Duration
- Goal setting
- Monitoring outcomes
- Exercise intensity (if applicable)
- Risk screening / assessment requirements
- Risk management
- Communication and marketing messages

The program is consistent with the national guidelines for adult physical activity, healthy eating, healthy weight and obesity prevention (where available and applicable).

The program is underpinned by appropriate evidence.

The program has been developed with appropriate multidisciplinary / specialist input.

The program has been tested with its target group and adjusted accordingly.

The program allows sufficient flexibility to take account of differences in target populations, geographical and facility settings, resources, and clients' values and preferences whilst maintaining program goals.

There is adequate and appropriate support material for quality implementation.

An appropriate approach to program evaluation is described.

A review mechanism / timeframe for the program is specified.
Attachment 3: Principles

Introduction

Every effort LGAs make to improve the health of local communities by promoting healthy lifestyles is valuable and can have a lasting impact. Promoting healthy lifestyles is worthwhile but challenging. It is not simply enough for LGAs to engage with organisations to deliver programs. Evidence shows that the use of capacity building approaches have a positive impact on the efficiency and effectiveness of health improvement programs. The principles outlined in this document have been developed to assist LGAs in considering how they can build broader capacity within their communities to improve healthy lifestyles through their leadership and action.

The Principles are built on two planks of evidence. The first is the work that has stemmed from the health promotion sector in building capacity in local communities and the second is the emerging evidence base on preventing obesity through community based approaches. Further information on both of these can be found in:


Both of these publications include references to useful resources that will provide LGAs with additional material to assist them in building capacity in a practical sense within their local context. This document focuses on high level principles with an awareness that LGAs may be working with other whole of business quality frameworks.

Benefits of Capacity Building

Capacity building is important to improve health. It increases the range of people, organisations and communities who are able to contribute to reducing health problems. It allows invested resources to be used more efficiently and effectively. Capacity building is defined as ‘the development of sustainable skills, structures, resources and commitment to health improvement in health and other sectors to prolong and multiply health gains many times over’.

There are a number of important reasons for LGAs to focus on capacity building. These include:

Multiplying health gains
A focus on capacity building will increase the likelihood that people and organisations that interact with your community will also be able to promote health. This will multiply health gains many times over.

Visibility
A focus on capacity building increases the recognition given to the diverse efforts to take on and sustain programs. It gives a ‘name’ to a large portion of work carried out by practitioners in developing effective programs. It increases the marketing opportunity to reach target groups.

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Responsive systems
Capacity building involves a focus on the processes that support change within and between organisations. It leads to systems which value critical problem solving and leadership across organisations. Responsive systems are more likely to work in partnership to address health challenges. This is in contrast to a ‘silo’ approach where organisations may be working on similar problems in isolation.

Address inequity
There is increasing evidence that inequity and social exclusion are linked to poorer health. Capacity building is promoted across government and non-government organisations (the third sector) as a mechanism for addressing inequity and building stronger communities through increasing community and civic participation.

Foundational Elements
The key to capacity building is an understanding of the following foundational elements:

Respect and build on pre-existing capacities
Resources to improve health are limited, but capacity and capability usually exist in any community. Capacity building must first commence with identifying pre-existing skills, structures, partnerships and resources, and to work with and respect these. Programs that are integrated into existing structures, and linked into existing positions and accountability processes, are more likely to be sustained.

Be responsive to context
Context refers to the range of physical, economic, political, organisational and cultural environments within which a program sits. Context is often thought about as the environment in which a program exists and that which is generally not amenable to change. Programs never exist in isolation. Context can have a negative or positive impact on a program and is ever changing. Being aware of the context will allow LGAs to increase their likelihood of success.

Develop well planned and integrated strategies
To be most effective, capacity building needs to work at a number of levels (e.g. with individuals, groups or across organisations) and use a combination of strategies. Working in isolation is rarely sustainable, and working with and through others will improve the likelihood of success by improving the reach to target groups and maximising resource investment.

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3 Adapted from NSW Health. 2001. A Framework for Building Capacity to Improve Health
Principles for LGAs

In supporting the Healthy Communities Initiatives, LGAs are encouraged to undertake the following:

Program design and planning
LGAs should:
- Articulate a vision for the promotion of healthy lifestyles for their community.
- Clearly understand their local context – the demographics, social, and cultural needs as well as the extent of improvement required. Work with local health providers, health promotion professionals, relevant local organisations and planners to understand the current and future projections.
- Identify and align the most appropriate strategies for their local community based on local, state and national plans and frameworks.
- Consider available resources to ensure the planned strategies are achievable.
- Identify the most appropriate, evidence based program considering the above factors (see also Program Registration at Attachment 2).
- Source and / or partner with registered organisations where possible to assist in program delivery.

Partnerships and collaboration
LGAs should:
- Form and use partnerships with others to assist in achieving the vision in a sustainable manner through the formation of shared goals and agreed lines of communication. Partnerships may be with providers of fitness, nutrition and lifestyle modification services, health, fitness and exercise professionals, education providers, researchers, community groups, community leaders, and local champions.

Resource Allocation
LGAs should:
- Ensure the planning, implementation, oversight and evaluation of programs and strategies to promote healthy lifestyles are appropriately resourced (including human and physical resources).
- Consider options for partnerships that will achieve resource efficiency – for example, partnerships with program developers and / or evaluators, existing providers, and established venues.
- Identify additional / alternative options for resourcing to extend the life of the program or achieve greater reach.
- Include a mix of universal and targeted programs to address equity issues.
Implementation and Sustainability

LGAs should:

• Have a documented approach to program implementation.
• Apply risk management approaches to planning and implementation.
• Have appropriate monitoring and/or evaluation processes in place to be able to track effectiveness and efficiency of the implemented strategies.
• Be aware of any issues that arise that may impact on the successful implementation of the program and respond to these accordingly.
• Be alert and responsive to issues of sustainability, including workforce retention and ongoing resourcing.
• Be aware of emerging issues in the community and plan and respond appropriately.

Local Context

LGAs should:

• Be aware of the local political and social environment and how it will impact on the LGA’s vision.
• Be prepared to advocate policy change to promote healthier lifestyles.
• Identify local barriers to improved lifestyle and advocate for change consistent with government approaches. Consider:
  o availability and cost of fresh fruit and vegetables
  o limiting access to inappropriate foods
  o physical environments that encourage exercise as part of normal daily activities
  o accessibility and security of physical activity venues
  o transport to and from program venues
  o child minding, carer respite and other support mechanisms
  o access for those with specific needs, including cultural and physical access.

Evaluation

LGAs should:

• Ensure there are project measures (process and outcome) that are meaningful to all partners involved and are regularly monitored.
• Develop evaluation methods that reflect the funds allocated, likely outcomes and intended size and reach of the program.
• Consider appropriate dissemination of program evaluations to contribute to the body of evidence, sustain successes and promote ongoing partnerships. This may be achieved through peer reviewed journals, newsletters and conferences.
## Glossary

The following terms are used within this document.

<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients / consumers</td>
<td>Recipients of programs</td>
</tr>
<tr>
<td>Communities</td>
<td>People in a geographical setting</td>
</tr>
<tr>
<td>Criteria</td>
<td>A subset of a standard, describing elements of how the standard can be achieved</td>
</tr>
<tr>
<td>Framework</td>
<td>The Quality Framework for the Healthy Communities Initiative comprising the three components: Service Provider Registration, Program Registration, and Principles for LGAs</td>
</tr>
<tr>
<td>Group</td>
<td>People coming together with common needs for a program</td>
</tr>
<tr>
<td>Organisation</td>
<td>Businesses and organisations providing healthy lifestyle programs to individuals, groups or communities. May also include sole providers</td>
</tr>
<tr>
<td>Portal</td>
<td>The web based information site to be established to support the HCI and the Framework</td>
</tr>
<tr>
<td>Program</td>
<td>A formal approach or intervention to assist individuals, groups, communities achieve improvements in their healthy living</td>
</tr>
<tr>
<td>Provider</td>
<td>Businesses, organisations, or sole providers delivering healthy lifestyle programs to individuals, groups and communities</td>
</tr>
<tr>
<td>Registration Body</td>
<td>The body, organisation, consortium to be appointed by the Department of Health and Ageing to manage the Framework</td>
</tr>
<tr>
<td>Staff / workforce</td>
<td>Paid and unpaid workers assisting organisations to implement Programs. Workforce includes those who are licensed to deliver a program through a ‘train the trainer’ or similar</td>
</tr>
<tr>
<td>Standard</td>
<td>An overarching statement of quality</td>
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</tbody>
</table>