

# Measuring Change Framework

## Background

Making Healthy Happen 2032 (the Strategy) aims to create a healthier Queensland over the next decade. It outlines the Queensland Government's response to the [National Obesity Strategy 2022–2032](#).

Health and Wellbeing Queensland will lead the implementation of the Strategy, in partnership with other government agencies and the community.

Through a series of three action plans, the Strategy aims to change systems to prevent, reduce and treat obesity so fewer Queenslanders' health and wellbeing is impacted by overweight and obesity.

Effective monitoring, evaluation and reporting processes are critical to making progress towards the Strategy's targets. Applying a structured approach to measuring and reporting change will enable actions and outputs to be adapted for sustainability and success and will support the measurement of cumulative change in rates of overweight and obesity over time.

## Purpose

The Measuring Change Framework (the Framework) provides a flexible and enduring structure to systematically measure change, outcomes and impact created through the implementation of the Strategy and associated action plans over time.

It is a comprehensive, mixed-method approach under three core pillars:

1. Monitoring
2. Evaluation
3. Learning

## Monitoring and reporting

The Queensland Government is committed to transparency and accountability in delivering on the Strategy and its actions. Health and Wellbeing Queensland will monitor and report annually on progress of the implementation of the Strategy and associated action plans against the Framework.

The [National Obesity Strategy 2022–2032](#) targets are ambitious. The evidence generated by the Making Healthy Happen Measuring Change Framework will guide our actions towards a healthier Queensland.

### Objectives of the Strategy:

- The food and physical activity systems promote the health and wellbeing of Queenslanders
- Queenslanders have equitable access to effective prevention and supportive healthcare
- Queenslanders eat healthier food and less discretionary food, incorporate more physical activity and reduce sedentary behaviour
- Queenslanders experience empathetic, non-stigmatising health and weight-related messaging.

## Implementing this framework

Health and Wellbeing Queensland is developing comprehensive plans for monitoring, evaluation and learning (in collaboration with partners and stakeholders) that will outline the methods to be used to capture changes, report on outcomes, and use learnings to flexibly adapt our approach to achieving the Strategy's impact and outcomes.

It is recognised that the implementation of the components outlined in this document, in part or in full, will be dependent on collaboration and collective action, robust and integrated data sets, and ongoing investment and resourcing.

## Methods for each pillar

### Monitoring

The goal of monitoring is to understand whether the Strategy is on track to meet its objectives, identify any issues that need to be addressed, and adjust as needed to ensure the Strategy is successful.

Monitoring is also a useful tool for the regular assessment of longer-term trends in the key outcomes of the Strategy.

Aligning indicators with those being measured as part of the [National Obesity Strategy 2022–2032](#) the [National Preventive Health Strategy 2021–2030](#) and other relevant strategies, will also enable comparison of Queensland’s progress with national trends and targets.

The monitoring activities of the Strategy will be reported annually, and include:

1. **Implementation Tracking** refers to the process of regular collection, collation, and reporting of the extent to which the actions in the associated action plans are being delivered as intended.
2. The **Outcomes Scorecard** will present quantitative data on a comprehensive set of indicators drawn from multiple data sources to track the effect that the Strategy is having on its intended outcomes.

### Evaluation

Evaluations provide an in-depth understanding of the enablers and barriers to strategy implementation, how and why outcomes are being achieved, for whom, and in what circumstances. Findings can be used as a basis for judgements, to improve effectiveness, and inform decisions about current and future actions.

The Framework proposes three main evaluation components:

1. **Action Plan Reviews** will identify intended and unintended outcomes, areas that are working well and areas that need improvement. Incorporating both process and outcome evaluation approaches, action plan reviews will inform subsequent action plans to ensure that the overarching Strategy stays on track and achieves its intended outcomes.
2. **Flagship Evaluations** involve an in-depth assessment of specific actions which, due to their cost, profile and/or focus, require a detailed evaluation. These evaluations are likely to be the responsibility of the agency leading the action. Design and methods will vary to suit the action being evaluated.
3. A **Collective Impact Evaluation** is the comprehensive, macro-level assessment of the extent to which the Strategy has delivered its actions (and how efficiently), and influenced the systems such as policies, practices, networks and mindsets that hold obesity in place to achieve its intended outcomes.

The scope and scale of these activities will be flexible to account for the availability of resources over the life of the Strategy.

### Learning

The Learning pillar will involve annual (or regular) reflection workshops.

These workshops will provide structured opportunities for lead agencies, partners, and key stakeholders to engage in sense-making, synthesis and analysis of findings and insights from monitoring and evaluation activities.

1. **Collective Reflection Workshops** will involve assessing progress, celebrating achievements, identifying barriers and enablers for success, and translating learning into actions and recommendations.

The workshops may also enhance capabilities to embed evaluative thinking across the system as stakeholders work together to capture and report meaningful data about the delivery and impact of actions.

## Measuring Change Framework at a glance

Monitoring and learning activities will occur annually throughout the Strategy. These ‘checkpoints’ will provide early insights into how implementation is going, as well as evidence (or signals) of change.

Evaluations (the Action Plan Reviews) will occur as we transition from one action plan to the next. They will draw on existing data from monitoring and learning activities, as well as the findings of flagship evaluations of Strategy initiatives. This knowledge will inform decision-making and shape future action plans to achieve the Strategy’s impact and outcomes.

All monitoring, evaluation and learning activities will contribute to the Collective Impact Evaluation at the end of the Strategy.

### Next steps

Using this Framework as a guide, we will work with our partners to develop a detailed Monitoring, Evaluation and Learning Plan for Making Healthy Happen 2032.

This Plan will identify additional indicators and evaluation questions to support us in monitoring our progress and evaluating each Action Plan.

It will be a ‘living’ document that will change over time so we can leverage opportunities to learn from our progress and measure success.



## Key Evaluation Questions

It is expected that all evaluation activities will use mixed methods to collect qualitative and quantitative data to answer key evaluation questions.

### Key questions – Collective Impact Evaluation

To what extent has the Strategy achieved its ambitions to:

- a. create supportive, sustainable and healthier environments?
- b. empower people to stay healthy?
- c. enable access to prevention, early intervention and supportive care?

### Key questions – Action Plan Reviews

These questions relate to progress towards achieving the Strategy objectives:

1. To what extent have the food and physical activity systems promoted the health and wellbeing of Queenslanders?
2. To what extent do Queenslanders have equitable access to effective prevention and supportive healthcare?
3. To what extent are Queenslanders eating healthier food and less discretionary foods, incorporating more physical activity and reducing sedentary behaviour?
4. To what extent are Queenslanders experiencing empathetic, non-stigmatising health and weight-related messaging?

Key evaluation questions for the Flagship Evaluations will vary according to the initiative being evaluated and its level of maturity. All Flagship Evaluations are likely to include process evaluation components to answer questions such as ‘Has the initiative been implemented as intended?’. Evaluations of more mature initiatives will include outcomes evaluation components to answer questions such as ‘Have outcomes been achieved?’ and ‘What impact has the initiative had on populations facing the greatest inequities?’.

## Indicators for Making Healthy Happen

The Framework will utilise the [National Obesity Strategy 2022–2032](#) targets (shown below) as an initial set of indicators, these being nationally agreed indicators derived from the [National Preventive Health Strategy 2021–2030](#). Health and Wellbeing Queensland will track these national targets in Queensland and work with Strategy partners to establish a comprehensive set of indicators for evaluation.

Goal	Target
More people maintain a healthy weight	Halt the rise and reverse the trend in the prevalence of obesity in adults by 2030
	Reduce overweight and obesity in children and adolescents aged 2–17 years by at least 5% by 2030

Objective	Indicator (measurement unit)	Target
Increase consumption of healthy food and drinks and decrease discretionary foods	Fruit consumption of adults and children (≥ 9 years) (average serves per day)	2 serves per day by 2030
	Vegetable consumption of adults and children (≥ 9 years) (average serves per day)	5 serves per day by 2030
	Energy intake from discretionary foods (% of total energy intake)	Less than 20% by 2030
	Intake of free sugars* (proportion exceeding recommended intake)	Increase proportion not exceeding by 2030
	Exclusive breastfeeding until 6 months of age (% of babies)	50% by 2025
Increase physical activity and reduce sedentary behaviour	Insufficient physical activity of children, adolescents and adults (% of population)	Reduce prevalence by at least 15% by 2030
	No physical activity of Australians ≥ 15 years (% of population)	Reduce prevalence by at least 15% by 2030

\* The [World Health Organization](#) says “Free sugars include monosaccharides and disaccharides added to foods and beverages by the manufacturer, cook or consumer, and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates.”