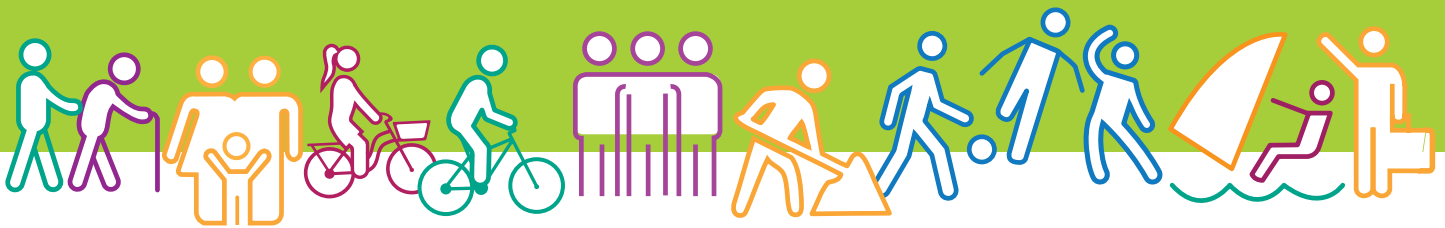


# Central Coast Local Health District Health Promotion Strategy



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## Appendix A - Health Indicators

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This plan outlines the ways in which the Health Promotion Service will address identified population health priority areas over the next five years.

Guided by the objectives covered in this document, the operational plan is a separate and more detailed annual process.

The outcome of our work is described in the annual Health Promotion Action document and through project reports and/or papers, distributed through formal channels and our ever changing website.

Further copies may be obtained by contacting:

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Health Promotion Service  
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[www.healthpromotion.com.au](http://www.healthpromotion.com.au)

January 2018

# Introduction

The Central Coast Health Promotion Service, as part of Central Coast Local Health District (CCLHD), provides strong leadership and commitment to prevent disease, and promote and improve the health and wellbeing of our community. Over the next five years, we will contribute to reductions in the prevalence of tobacco and alcohol use, overweight and obesity rates, falls amongst those who live independently in the community and importantly, improvements in mental health.

We will drive change, to ensure conditions and environments are in place for the Central Coast community to make decisions to improve their health. By 2023, we will have contributed to making the Central Coast a healthier place to live, learn, work and play.

In the words of the Health Promotion Team, by 2023 we will:



# What is Health Promotion?

Improving health is a shared responsibility.

Health Promotion plays a key role to improve health and wellbeing at a population health level and reduce the burden on the health system. Health promotion is the process of enabling people to increase control over and to improve their health and moves beyond a focus on solely individual behaviour towards a wide range of social and environmental interventions. <sup>(10)</sup>

The work of the Health Promotion Service is guided by the Ottawa Charter, together with available evidence regarding the most effective and efficient strategies to improve health.

The Ottawa Charter was adopted by the World Health Organisation (WHO) in 1986, and set the strategic course for health promotion.

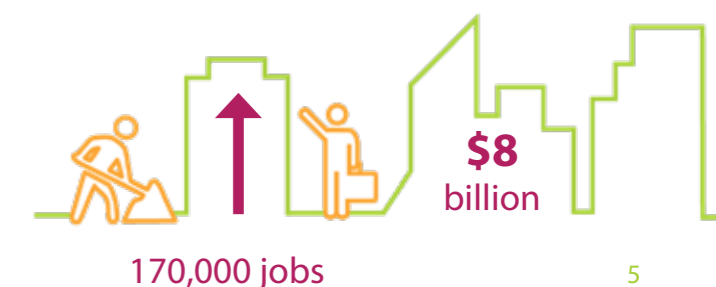
The Health Promotion Service works across the five Charter areas to:

- Build public policy for health in all sectors and at all levels of government
- Create environments that support health where people live, work and play
- Strengthen community action for social and environmental changes
- Develop personal skills that support people to exercise greater control over their own health
- Re-orient service delivery and organisational practice to promote better health

At a Federal level: pricing, taxation and marketing are key drivers that can influence chronic disease risk factors.

The Ottawa Charter recognises that the major social and environmental determinants of health, such as education, income, social inclusion and access to services, lie outside the health system. Subsequent charters including The Bangkok Charter (2005) and Shanghai Declaration (2016) emphasise greater political action, intersectoral collaboration, empowerment and a focus on sectors beyond health. The evidence is unequivocal that health has a social gradient, where a person's relative position in society's hierarchy has a direct impact on health status.

Reducing disadvantage and promoting mental health can create 170,000 jobs and generate \$8 billion in earnings.<sup>(11)</sup>



# What are our priorities?

Effective health promotion requires three out of five elements of the Ottawa Charter.

Health promotion priority areas are mandated by NSW Ministry of Health. They reflect the small number of factors that account for most of the preventable death and chronic disease in Australia.

The priority areas do not and cannot be expected to capture every type of behaviour that impacts on health.

Limited resources dictate that we need to be strategic in our approach, and these priority areas and projects are the ones that stand to deliver the greatest gains to the community.

Evidence shows that one in every two Australians has a chronic disease. Diseases such as cancer, mental illness and heart disease reduce quality of life and can lead to premature death. Crucially, one-third of the disease burden could be prevented and chronic diseases often share the same risk factors. A number of behavioural risk factors account for a large proportion of preventable death and chronic disease in Australia, including tobacco smoking, high body mass, risky alcohol consumption, physical inactivity, low intake of vegetables, high intake of sugar sweetened beverages and injuries from falls.

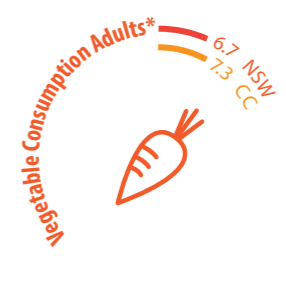
On most indicators the Central Coast has poorer health than NSW as a whole.



# Getting to know the Central Coast – from a population health perspective

The Central Coast Local Health District is located to the north of metropolitan Sydney and covers an area of approximately 1,680 square kilometres. Home to an estimated population of 335,309 people Aboriginal and /or Torres Strait Islander people make up 3.6% of the population. (7)

The health related indicators here all play a role in the development of many health conditions that account for a large amount of morbidity and mortality, including cardiovascular and respiratory disease, diabetes and some cancers.



Making places that are safe and accessible for the community ensure an inclusive urban area. Integrating walking and cycling networks with connections to centres, bus and rail networks will encourage more physical activity. (3)

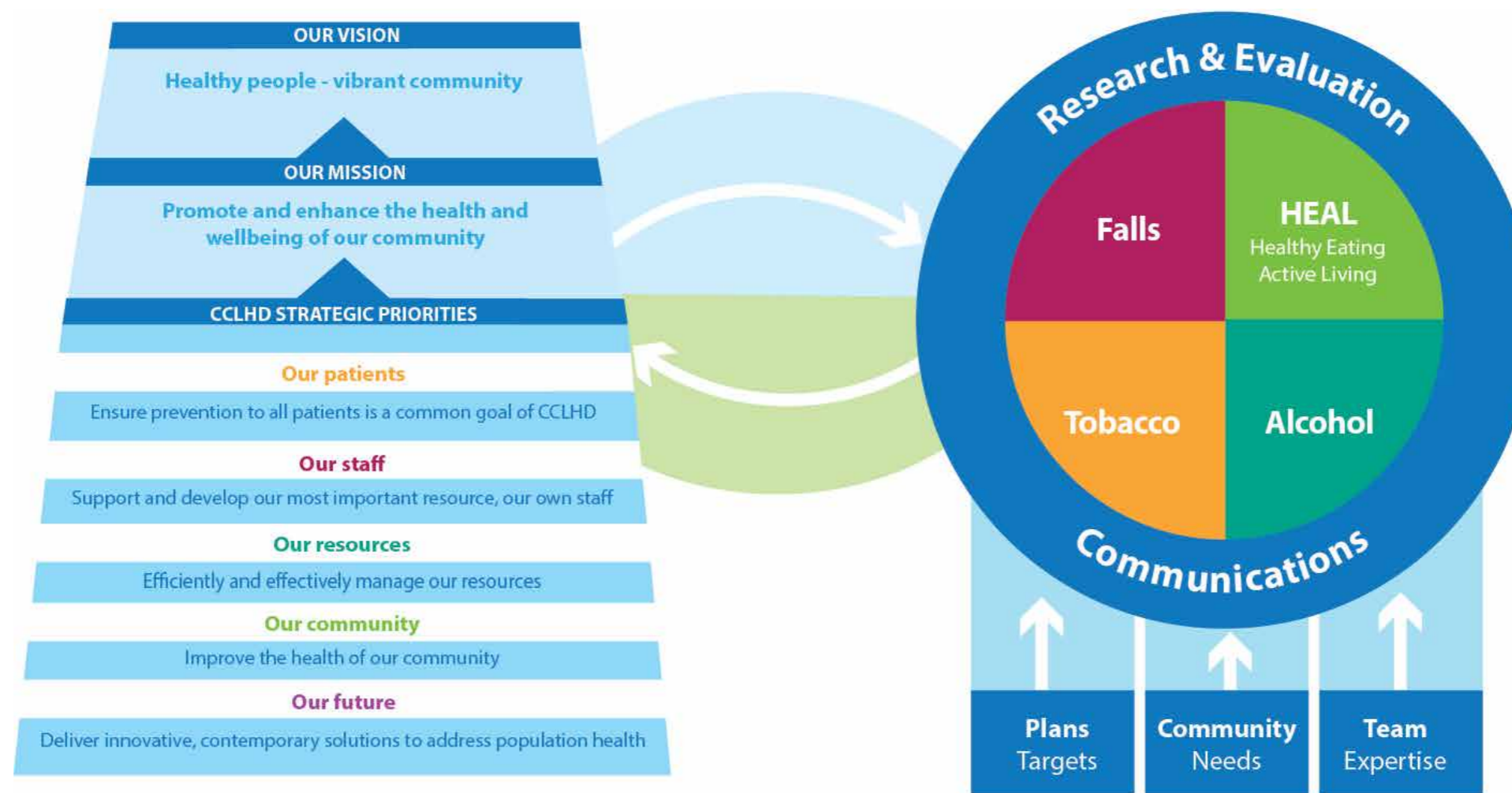
Focusing development in existing areas will revitalise communities. It can reinforce and enhance the sense of community and belonging . . . (3)



# Central Coast Health Promotion Framework

The Health Promotion Service Framework shows the interchange between the CCLHD Caring for the Coast Strategic Plan and the work of the Health Promotion Service.

The priority areas of Healthy Eating Active Living, Alcohol, Tobacco and Falls are informed by state level plans, community need and team expertise and this work is supported and strengthened by a strong commitment to communications and research and evaluation. Work in these areas contributes to achieving our District's vision of 'healthy people - vibrant community' by promoting and enhancing the health and wellbeing of our community. Similarly, the strategic priorities of Caring for the Coast guide the work of the health promotion service to ensure that the needs of our patients,



staff and community are identified and addressed, that we efficiently and effectively manage our resources and that the service continues to deliver innovative contemporary population health solutions into the future.

Our work is guided by several high level plans and strategies which set targets at a District level and importantly, by the prevailing health needs and relevant community demographics. We work with the backdrop of economic, political, environmental and social factors in mind, as these and other dynamics have a substantial impact on population health and need to be considered.

For optimal effectiveness our work also draws on the ideas, research and techniques of other disciplines where possible.



Health Promotion has set objectives related to the strategic priorities of our District to inform and guide our work in the key priority areas over the next five years.

## Our patients

1. Enhance partnerships with Health Professionals across the District.
2. Support the District to provide best practice in healthy environments and a healthy workplace.

## Our staff

1. Cultivate a positive Health Promotion Service team culture where contributions are valued, differences are respected, collaboration thrives and social cohesion is fostered.
2. Identify and support access to professional development needs.
3. Lead by example to demonstrate best practice in providing and encouraging a healthy workplace.

## Our resources

1. Efficiently and effectively manage our resources to ensure the Health Promotion Service budget is met.
2. Demonstrate accountability through an effective and efficient planning, evaluation and reporting framework.

## Our community

1. Deliver innovative and strong evidence based solutions to address population health priority areas.
2. Ensure continuing relevance and credibility in the community.
3. Maintain strong and effective networks and partnerships to meet the health needs of our community.
4. Utilise advocacy and influence to achieve health and wellbeing and the conditions that promote this.
5. Ensure a strong focus on equity and other determinants of health.
6. Raise the importance of recognising the relationship between mental and physical health in our work.
7. Utilise effective communication to engage our community and stakeholders.

## Our future

1. Promote a strong culture of research and evaluation.
2. Be responsive to opportunities and change.
3. Invest in calculated risks to find new and better ways to achieve outcomes.



# Our Community:

delivering results in key Population Health Priority Areas

## Healthy Eating Active Living (HEAL)

366 deaths would be prevented each year in NSW, if weekly physical activity was increased by 15%

**Reduce overweight & obesity rates of children by 5% over 10 years.** The Premier's Priority Childhood and Overweight Delivery Plan outlines enhanced and new actions that build on the existing whole-of-government NSW Healthy Eating Active Living Strategy to achieve this reduction.

### Key partners

- Early childhood education and care services
- Local primary and high schools
- TAFE
- Department of Education
- Central Coast Regional Leadership Executive
- Central Coast Council
- NSW Office of Preventive Health
- NSW Health
- NSW Department of Premier and Cabinet
- Hunter New England Central Coast Primary Health Network
- Department of Planning and Environment
- Road and Maritime Services
- Central Coast Nutrition Service

### Key actions

Informed by the NSW HEAL Strategy and Premier's Priority Delivery Plan and responding to local priorities, deliver key actions in the strategic directions of:

- Deliver state-wide support programs - strengthened by local supporting strategies to promote healthy eating and active living for children, young people and adults, within early childcare services, schools, community sports, workplaces, and other community settings.
- Support the District to integrate healthy eating and active living routine identification, advice and referral into clinical service delivery.
- Advocate for environments that support healthy eating and active living – food environments to enhance access to healthier choices, built environments to support active living.
- Provide education and information to enable informed healthy choices.
- With the Department of Premier and Cabinet, lead the development, implementation, monitoring and evaluation the Central Coast Healthy Eating Active Living/Premier's Priority on Childhood Obesity Delivery Plan.

### Measure of success

- Ministry of Health targets met / local strategies implemented.
- Ministry of Health targets met / Local strategies implemented.
- Environments in place that enhance physical activity & healthy eating.
- Clear and consistent messaging, utilisation of Make Healthy Normal campaign.
- All agencies engaged in plan development, implementation and monitoring.





People who live in walkable suburbs are on average, 3 kg lighter.<sup>(7)</sup>



52% of the sugar we consume comes from drinks.<sup>(8)</sup>



44% of adults are not meeting the recommended levels of physical activity each week.<sup>(9)</sup>



Every dollar spent on healthy eating and active living returns around \$2-\$4<sup>(10)</sup>

## Ultimate goals



Decrease adult overweight and obesity



Decrease childhood overweight and obesity



Increase levels of physical activity



Increase consumption of vegetables and fruit



# Tobacco

Every 4% reduction in smoking saves 3000 lives in Australia per year <sup>(10)</sup>

We will continue to protect children and young people by restricting advertising and supply of tobacco and e-cigarettes.

## Key partners

- Central Coast Local Health District Public Health Unit
- Central Coast Local Health District Maternity Services
- Yerin Aboriginal Health Services Inc
- Cancer Council NSW
- Heart Foundation
- Financial Counsellors

## Key actions

- Contribute to the development of the new NSW Tobacco Strategy. Support and implement key Health Promotion actions.
- Provide support to the Public Health Unit for health protection and compliance activities, eg Sales to Minors.
- Implement targeted tobacco control programs with Aboriginal and disadvantaged populations.
- Support the implementation of the Smoke Free Health Care policy within CCLHD.
- Monitor emerging issues, eg e-cigarette uptake, particularly by minors and implement evidence-based interventions as indicated.

## Measure of success

- • Local strategies implemented and evaluated.
- • Maintain/increase smoke-free areas to reduce exposure to Environmental Tobacco Smoke.
- • Local strategies implemented and evaluated.
- • Programs in place CCLHD totally smoke free and policy fully implemented.
- • Act on emerging issues.





## Smoking is:

1.7 times higher for unemployed people compared with employed people.

3 times higher for lowest socioeconomic areas compared with the highest socioeconomic areas.

2.7 times higher for single people with dependent children compared with couples with dependent.

1.9 times higher for LGBTI people compared with heterosexual people.

NB. There is no regular data collection on smoking prevalence among many groups that face multiple levels of disadvantage. <sup>(11)</sup>

## Ultimate goals

Decrease overall smoking rates in:

- Youth
- Adult
- and the Aboriginal Community

# Alcohol

Adults across all socioeconomic groups drink at levels that place them at long term risk<sup>(13)</sup>



## Key partners

Liquor and Gaming NSW

Central Coast Liquor Outlets

Central Coast Council

NSW Police

Central Coast Liquor Accords

Local schools and teachers

## Key actions

- Work with our partners to increase ID checking in packaged liquor outlets.
- Advocate/lobby at local, state and national level to translate lessons from tobacco work (eg controlled operations).
- Oppose inappropriate increases in liquor industry density; with a focus on packaged liquor.
- Develop our understanding of emerging and problematic issues, eg binge drinking behaviour, Fetal Alcohol Spectrum Disorder (FASD), and implement new programs as evidence indicates and resources allow.

### NOTE

The next National Alcohol Strategy for 2016-21 (NAS) is being developed. As a sub-strategy of the National Drug Strategy (NDS), the NAS will provide a framework to guide the work of governments, communities and service providers to reduce alcohol related harms over the next five years. The NAS will build on existing progress, infrastructure and frameworks in place at local, state and national levels. It will also be informed by the evidence of what works to reduce alcohol-related harm and by a consultation process with services, communities and consumers.

## Measure of success

- ID checking rates increase for under 18s.
- Successful advocacy work.
- Successfully oppose inappropriate new liquor licenses.
- Further interventions as evidence indicates potential.





- 80% of alcohol consumed in Australia comes from packaged liquor outlets.<sup>(7)</sup>
- Alcohol attributable hospitalisations for 15-24 year olds have decreased over the last 9 years.<sup>(8)</sup>
- 27.6% of people over 16 on the Central Coast drink more than 4 standard drinks on a single occasion weekly compared to 25.9% for NSW.<sup>(14)</sup>
- One-third of Australians have been affected by alcohol-related violence.<sup>(15)</sup>

## Ultimate goals



Decrease rates of risky drinking in young people.



No increase in packaged liquor outlets.

# Falls Prevention

More than half (36,289 or 57 percent) of all NSW fall - related hospitalisations with injury in primary diagnosis were of patients aged 65 years or over <sup>(16)</sup>

Australians today enjoy a longer life expectancy ... managing and preventing falls can contribute to maintaining quality independent living.

## Key partners

- Health Professionals
- Community Partners
- Fitness providers (Community and Centre based)
- Allied Health Professionals
- Aged Care Services
- Central Coast Council

## Key actions

- Reduce the impact of falls. Increase resilience to falls injury by promoting adequate physical fitness, strength and balance training to 65+.
- Implement fall prevention programs by continuing professional development to health professional groups that work with older people.
- Reduce falls in and around the home through promoting evidence based strategies through existing older adult forums, groups and services.

## Measure of success

- ➔ • Options for physical activity promoted to older adults.
- ➔ • Number of continuing professional programs offered to health professionals and the number of participants attending.
- ➔ • Levels of engagement with older adult stakeholders eg Deptment of Veteran Affairs, Rotary Australia, National Seniors, and Local Garden Clubs.





**In NSW each year, falls lead to approximately 27,000 hospitalisations and more than 400 deaths.** <sup>(18)</sup>

- More than one in three people aged 65+ have a fall each year. Over 40% have multiple falls and over 30% of those who fall require medical attention as a result. <sup>(19)</sup>
- 70% of hospital admissions for those 65+ are from falls related injuries. Wyong has higher than the State average for those aged 65+. <sup>(20)</sup>

## Ultimate goal



Stabilisation then reduction in the rates of presentations and admissions to hospital for those 65+ living independently in the community.

# Appendix A

## Health Indicators



# Central Coast Local Health District and NSW Health Indicators 2016

Table A provides a snapshot of the 2016 CCLHD and NSW adult health indicators. Adults are classified as persons aged 16 years and over.

Table A Adult Health Indicators 2016	Estimated %	Confidence Intervals 95%		Estimated %	Confidence Intervals 95%	
	CCLHD	LL CI	UL CI	NSW	LL CI	UL CI
Recommended Vegetable Consumption	7.3 (n=846)	4.8	9.7	6.7 (n=13382)	6.1	7.3
Recommended Fruit Consumption	48.4 (n=848)	41.8	54.9	47.3 (n=13428)	46	48.7
Overweight	30.8 (n=858)	25.1	36.4	31.9 (n=13062)	30.6	33.2
Obesity	26.5 (n=858)	20.1	33	21.4 (n=13062)	20.2	22.5
Insufficient Physical Activity	43.2 (n=814)	36.6	49.9	42.8 (n=12767)	41.4	44.2
Overnight Hospitalisations from Fall Injuries among People aged 65 years and over	3356 per 100,000 (n=2507)	3223.4	3492.5	2433.7 per 100,000 (n=31,331)	2406.4	2461.3
Smoking	20.1 (n=892)	14	26.3	15 (n=13497)	14	16.1
Smoking in Pregnancy*	12.8 (n=407)	NA	NA	8.9 (n=6723)	NA	NA
Aboriginal Smoking in Pregnancy*	36.5 (n=81)	NA	NA	45 (1719)	NA	NA
Risky Drinking	33.2 (n=888)	26.4	40	29.8 (n=13408)	28.5	31.1
High Psychological Distress *	10.1 (n=846)	6.9	13.4	11.8 (n=13156)	10.6	13

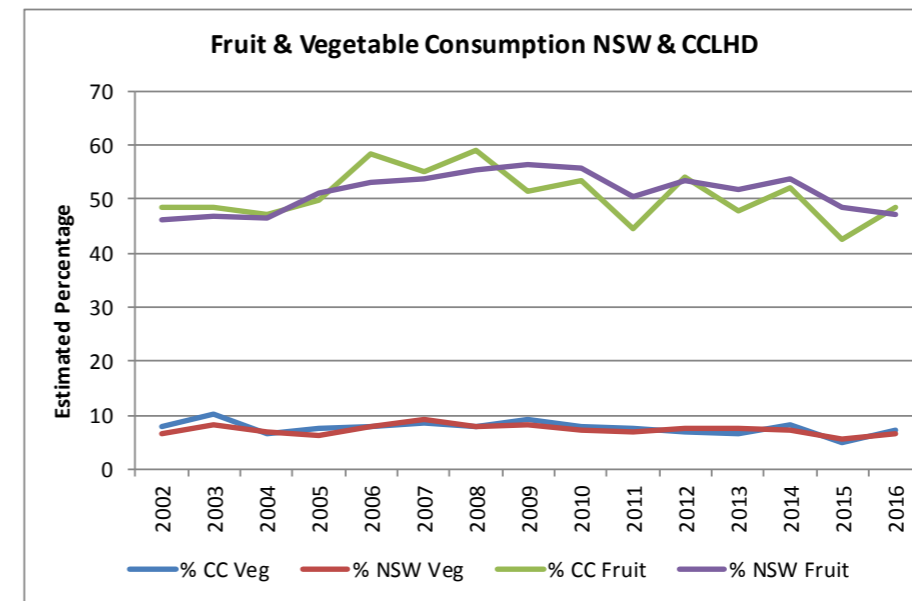
\*2015 data reported as 2016 data unavailable at the time of this report

In 2016, there were no significant differences in Central Coast Local Health District (CCLHD) indicators compared with NSW, except for overnight hospitalisations due to injuries from falls.

- It is good practice to examine confidence intervals and not percentages alone, to determine significant differences in CCLHD indicators, compared with NSW. *No overlap of confidence intervals indicates a likely significant difference*, whilst when confidence intervals overlap there is unlikely to be a significant difference.
- Wide confidence intervals indicate that the sample size may not be representative of the population, and that there is possible wide variation in the likely prevalence.

It is also relevant to examine trends in behavioural risk factors to gain a sense of the direction and magnitude of change in each of the health indicators. (See Graphs 1-9)

## Trends in Behavioural Risk Factors CCLHD and NSW: 2001- 2016



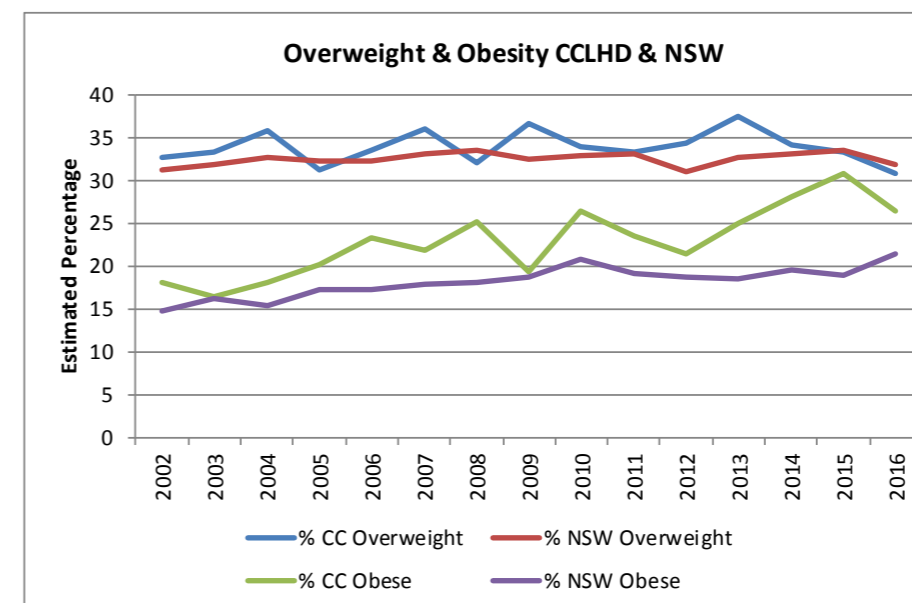
Graph 1

**Indicator**  
Vegetable Consumption

**Trends**  
The trend in recommended vegetable consumption for the Central Coast has remained low, decreasing from 8.1% in 2002 to 7.3% in 2016. The NSW trend also below recommended consumption, but rose slightly from 6.5% in 2002 to 6.7% in 2016.

**Indicator**  
Fruit Consumption

**Trends**  
Since 2002 the trend in fruit consumption for the Central Coast has remained below recommended levels, and has fluctuated, from 48% in 2002, to a peak of 58.9% in 2008, followed by a steady decrease to 48.4% in 2016. It has been slightly higher than consumption for NSW which has had a similar fluctuating trend, increasing from 46.2% in 2002 to 47.3% in 2016.



Graph 2

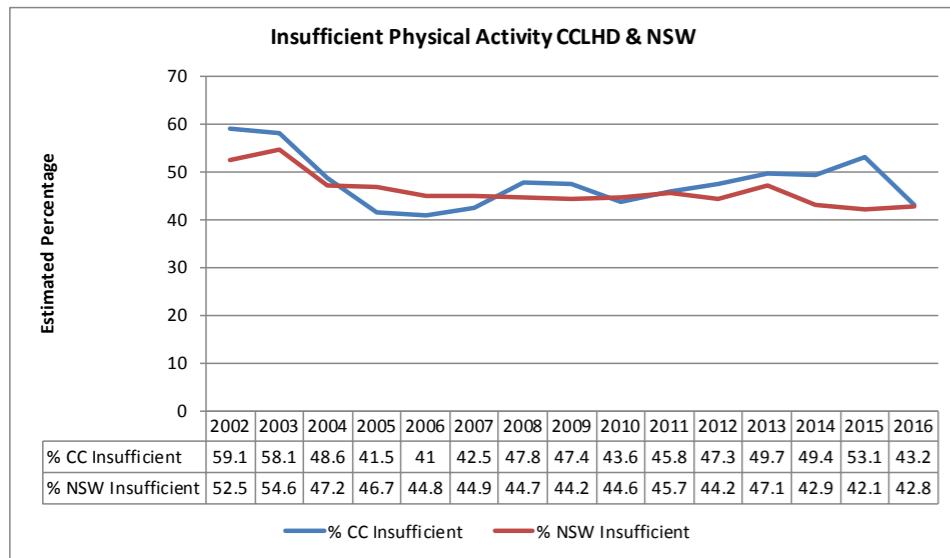
**Indicator**  
Overweight

**Trends**  
The trend in the prevalence of overweight on the Central Coast is higher compared with NSW, and has fluctuated somewhat from 32.7% in 2002, to a high of 37.5% in 2013, to 30.8% in 2016. In NSW, the trend in overweight has remained steady from 31.2% in 2002, to 31.9% in 2016.

**Indicator**  
Obesity

**Trends**  
The trend in the adult obesity prevalence on the Central Coast is consistently higher compared with NSW and has risen steadily from 18% in 2001, to 26.5% in 2016. The NSW adult obesity prevalence has risen from 14.7% in 2002, to 21.4% in 2016.

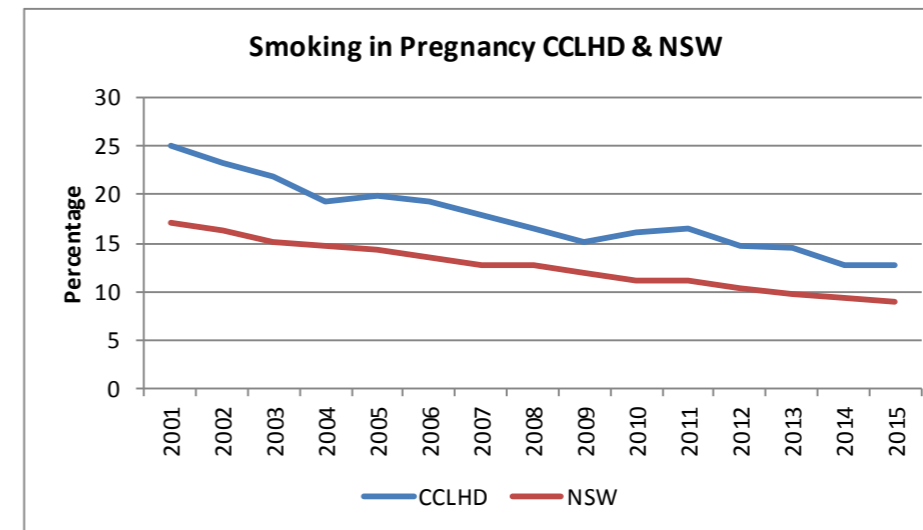




Graph 3

**Indicator**  
Insufficient Physical Activity

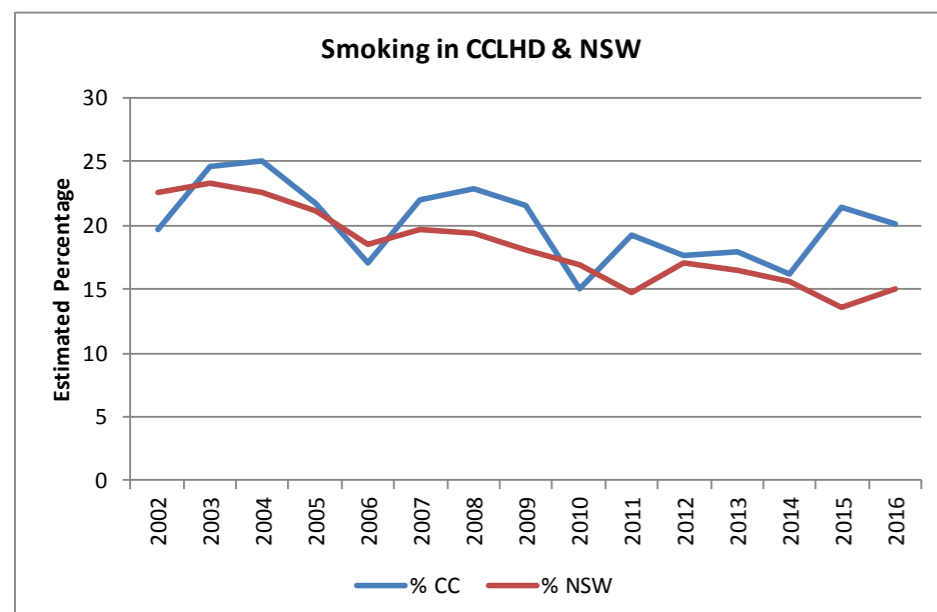
**Trends**  
Since 2002, the prevalence of insufficient physical activity on the Central Coast overall has been higher compared with NSW. However there has been a downward trend in insufficient physical activity on the Central Coast decreasing from 59.1% in 2002, to 43.2% in 2016. In NSW, insufficient physical activity also decreased from 52.5% in 2002, to 42.8% in 2016.



Graph 5

**Indicator**  
Smoking in Pregnancy  
(2016 data unavailable)

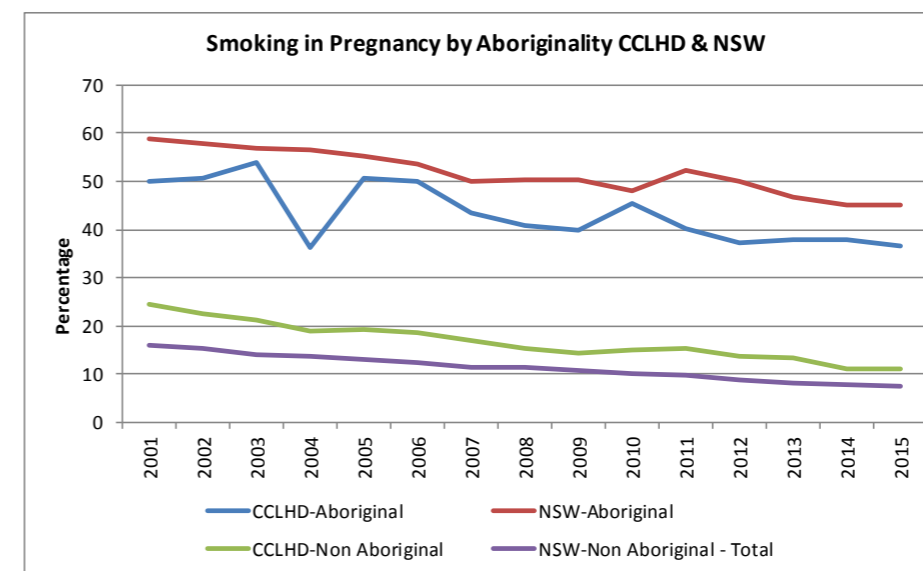
**Trends**  
Since 2002 there has been a downward trend in smoking in pregnancy among NSW and Central Coast women; however smoking among Central Coast women has been consistently higher compared with NSW women. In NSW rates fell from 16.3% in 2002, to 8.9% in 2015. On the Central Coast, rates fell from 23.3% in 2002, to 12.8% in 2015. In NSW, the highest prevalence of maternal smoking occurred among pregnant women aged 19 years and under (31.1%), compared to 8.9% of all pregnant NSW women (data unavailable for CCLHD).



Graph 4

**Indicator**  
Smoking

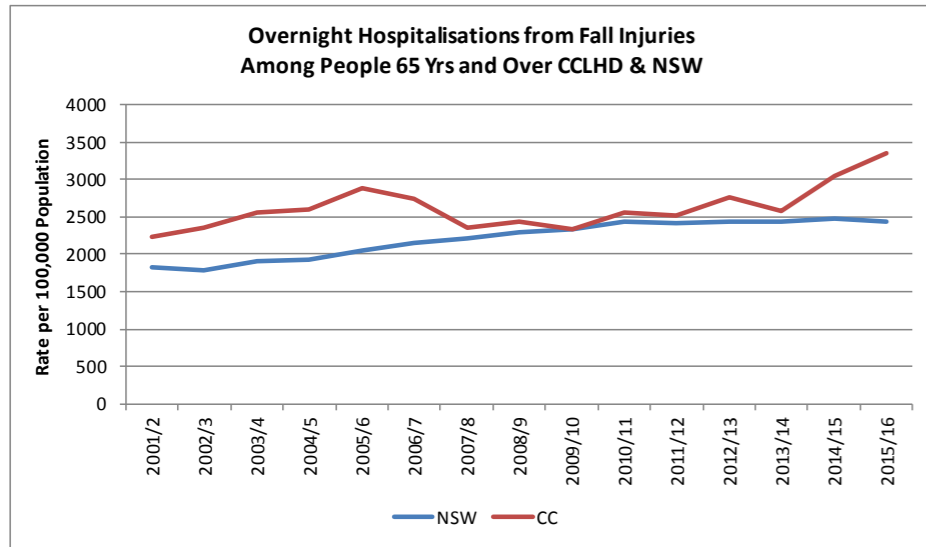
**Trends**  
Since 2002 there has been a downward trend in the prevalence of smoking in NSW from 22.5%, to 15% in 2016. On the Central Coast, smoking rates overall have been higher compared with NSW, and have fluctuated somewhat from 19.6% in 2002, to a low of 15% in 2010, to 20.1% in 2016. NB: The wide confidence intervals associated with Central Coast data should be observed.



Graph 6

**Indicator**  
Smoking in Pregnancy by Aboriginality  
(2016 data unavailable)

**Trends**  
Since 2001, smoking prevalence has declined among pregnant Aboriginal women in NSW and on the Central Coast, with lower rates among Central Coast women compared with NSW women. Central Coast rates declined from 50% in 2001, to 36.5% in 2015. In NSW, rates declined from 59% in 2001, to 45% in 2015. Despite the decline, smoking among indigenous pregnant women is around 3 times higher compared to non-indigenous pregnant women.



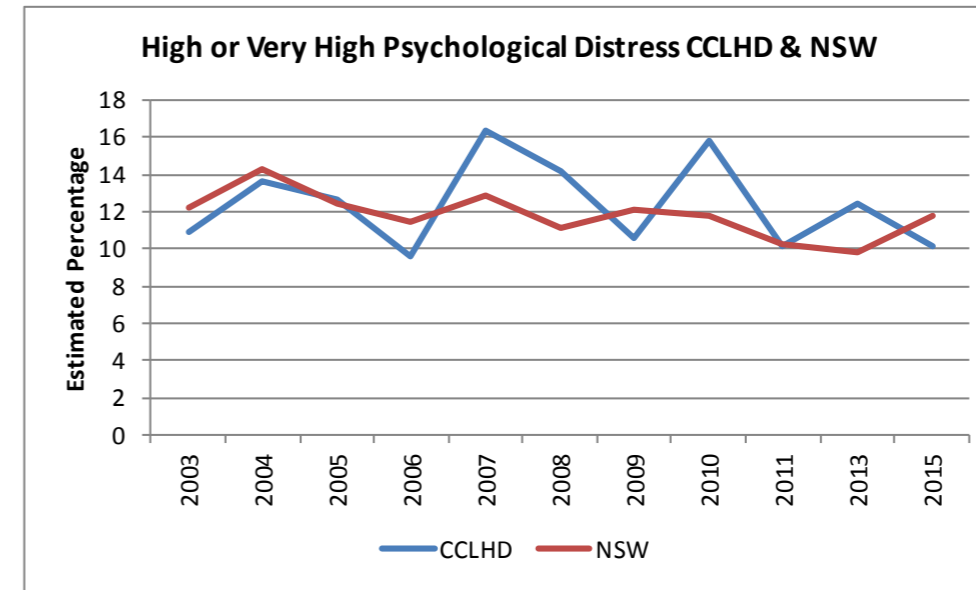
Graph 7

**Indicator**

Hospitalisations from Fall Injuries among people aged 65 years and over

**Trends**

The trend in hospitalisations from falls injuries on the Central Coast has been consistently higher than NSW, and has risen from 2230 falls per 100,000 in 2001/2, to 3356 per 100,000 in 2015/16. In NSW hospitalisations have climbed from 1818 falls per 100,000 in 2001/2, to 2433.7 in 2015/16.



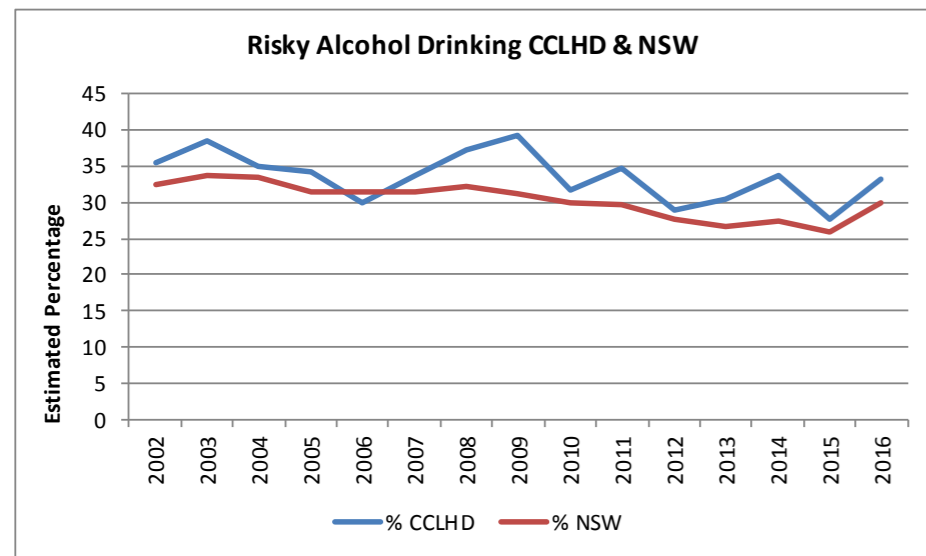
Graph 9

**Indicator**

High or Very High Psychological Distress

**Trends**

The trend in high or very high psychological distress for the Central Coast overall has decreased from 10.9% in 2003, to 10.1% in 2015. The NSW trend is similar, decreasing from 12.2% in 2003 to 11.8% in 2015. Interestingly, there was a spike in high psychological distress in 2007 on the Central Coast and in NSW of 16.3%, and 12.9% respectively.



Graph 8

**Indicator**

Risky Alcohol Drinking

**Trends**

Since 2002, the risky alcohol consumption trend on the Central Coast has been higher overall compared with NSW, and has fluctuated between 35.3% in 2002, to a peak of 39.2% in 2009, then a decrease to 33.2% in 2016. In NSW the trend has decreased from 32.5% in 2002 to 29.8% in 2016 in NSW.

# Appendix B

## Plans and Strategy Documents

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**Central Coast Local Health District RESEARCH PLAN 2017-2021.** Gosford: Central Coast Local Health District, 2017, accessed online <http://www.cclhd.health.nsw.gov.au/research/Documents/CCLHDResearchPlan.pdf>

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