



Health
South Eastern Sydney
Local Health District

SESLHD Health Promotion Service

OPERATIONAL PLAN July 2017 – June 2019



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INTRODUCTION

“Health promotion is the process of enabling people to increase control over, and to improve, their health.”

Ottawa Charter for Health Promotion, World Health Organization (WHO)¹

South Eastern Sydney Local Health District (SESLHD) is committed to improving health and wellbeing across our communities. Our District has embraced a major cultural and philosophical shift to focus more on those who need it the most. When we look at measures of health and wellbeing across groups or communities, we will ask: are there differences? Is there a pattern to this? Why? When differences are systematic, avoidable and unfair, we refer to them as **health inequities**^{2,3}. Challenging inequities is an important goal of SESLHD⁴ and a priority of the Directorate of Planning, Population Health and Equity, within which the Health Promotion Service (HPS) sits.

Health promotion has long recognised that where we live, our society, culture, employment opportunities, housing, education and socioeconomics all have an influence on how we live our lives⁵⁻⁷. These **social determinants** are strong predictors of health and wellbeing, and are closely aligned with both the causes and outcomes of health inequities^{6,8}. A social determinants approach takes these factors into account when planning health promotion action, to more effectively reflect and address the local context of our communities⁵.

Healthy places and healthy people are two important themes that drive us. As well as working to improve the health knowledge and skills of individuals, we will also consider the world in which they live, work, learn and play. From early childhood services to schools, urban planning and within SESLHD services, we ask: how do the environments around us affect our health? What changes would make it easier for people to live healthier lives? And what role can HPS play in influencing this? We will also consider social capital – a concept related to community connections, social networks, a sense of

belonging, and trust⁹ – and ask how this shapes individual and community health and wellbeing. We will seek to expand our sphere of influence by working with other services and organisations to integrate health promotion into their routine practice.

This journey cannot be undertaken alone. HPS works collaboratively with other Directorate teams and beyond, across government sectors and in partnership with a range of community representatives and organisations. Effective and enduring **partnerships** are essential¹⁰ and we will connect with communities, service partners and others within our Directorate and our District. We will engage communities in ways that recognise, respect and build upon their assets and strengths^{11,12}. Co-production calls for health services to work *with* communities rather than *for* them^{11,12}. HPS commits to these principles and to being part of an agile, joined-up system that is based on **person-centred care** as part of an **integrated approach** to health and health promotion¹³.

HPS supports state-wide initiatives addressing key priorities such as childhood obesity¹⁴. This includes the delivery of specially-funded initiatives such as the [Healthy Children Initiative](#), as well as local dissemination of and/or support for state-wide campaigns and services. Local health promotion funding is directed towards complementary local initiatives that will contribute to our District's strategic priorities. This document describes a **strategic balance** of state and local strategies, of healthy places and healthy people, of population-wide and targeted approaches, and of evidence-based practice and innovation. These provide a context for health promotion action to enable the people of SESLHD to increase control over, and to improve, their health.

THE HPS FRAMEWORK

Our HPS framework shows how we will contribute to the broader strategic agenda of our Directorate and District. The underpinning approach and key strategies are further described on the following pages.



The underpinning approach across all our work

Our underpinning approach reflects principles and priorities that shape all of the work that we do. These concepts cut across all of the strategies shown in the framework.



CO-PRODUCTION



PARTNERSHIPS

We will work **with our communities** rather than “for” them, respecting and building upon their **assets and strengths**, and forging effective and enduring **partnerships** with community members, services and local organisations.

HEALTHY PEOPLE



HEALTHY PLACES

We will enable people to **increase control** over their health and wellbeing. We will build the **health skills of individuals** and **influence the environments** in which they live, learn, work and play.

POPULATION HEALTH



EQUITY

We will invest in a **balance** of actions designed to achieve wide **reach** and **population impact**, and others that are **targeted** to improve the health and wellbeing of **those who need it the most**.

EVIDENCE



INNOVATION

Evidence will drive our practice to be the most responsible use of public funds. But this will not preclude **innovation**, particularly when addressing issues that have challenged us in the past. We will **evaluate** our work appropriately to **build evidence** and be **accountable** for the use of valuable funds.

HPS key strategies



Our most significant investments are in the following.



1. Take a social determinants approach

A focus on **disadvantage** and **inequities**. Strong elements of **community partnerships** and **co-production**. Considers how society, culture, employment opportunities, housing, education and economics all have an **impact on health and wellbeing**.



2. Foster health-supporting environments

The **environments** in which we **live, work, learn and play** have a strong influence on our health and wellbeing. What can we do to **shape those environments** to become more health-supporting?

Additional work is undertaken as follows.



3. Encourage integrated health promotion

SESLHD is a large District of approximately 930,000 people. How can we achieve greater reach across this large population? We will **encourage** and **build the capacity** of local services and organisations to **integrate health promotion** into their routine practice.



4. Develop health skills

Delivering or supporting others to deliver interventions to improve the **personal health skills** of individuals – health knowledge, health literacy and life skills to **empower people to live healthier lives**.



Strategy 1: Take a social determinants approach

We will take a social determinants approach to improving health and wellbeing, particularly for those who experience inequities

Where we live, our society, culture, employment opportunities, housing, education and economics all influence health and wellbeing. These “social determinants” are strong predictors of health and wellbeing⁵⁻⁷. The World Health Organisation has championed the **social determinants approach** to take these factors into account when planning health promotion, to more effectively reflect and influence life in our communities⁵. Working at this level is complex and requires sustained investments but has potential for broader flow-on effects that may improve both physical and mental health^{5, 7, 8}.

A focus on the **early years of life** is particularly important. Disadvantage in childhood goes on to have a compounding impact across the entire life course, affecting achievements at school, shaping employment prospects, economic and social situation, and lifelong health and wellbeing¹⁵⁻¹⁷. At the other end of life stages, **social isolation and frailty in the vulnerable aged** have an increasing impact across our communities^{18, 19}.

Social capital is another important consideration. This relates to community connections, social networks, a sense of belonging, and trust⁹. Social capital of individuals may have an impact on access to support and services, health skills and life choices. Social capital at a group or community level has been linked to whether environments are health-enabling, community beliefs about what is healthy/normal, dissemination of health information and community-led influence over the decisions made by organisations such as health services²⁰.

HPS will take a social determinants approach in the following ways.

1. *All* health promotion actions will be designed within consideration of how social determinants influence knowledge, behaviours and environments^{5, 8}.
2. *Targeted* health promotion actions will be delivered to local communities and/or priority groups who social determinants data indicate could benefit

the most, as per the [SESLHD Equity Strategy](#)⁴. By reflecting on and responding to social determinants, health promotion action can be more relevant, appropriate and effective in local context^{5, 8}.

3. We will seek opportunities to build social capital, notably through **co-production**. In the health sector, this refers to health services genuinely working *with* communities rather than *for* them, building upon the assets and strengths that communities can bring to these endeavours^{11, 12}. This will require effective and enduring **partnerships** at the service and community levels, as per the [SESLHD Community Partnerships Strategy](#)¹⁰.

Case study: A place-based initiative

Places have a strong influence on health and wellbeing²¹⁻²³. As part of a collaborative, multi-strategic place-based initiative to build healthier places for healthier people, HPS will:

1. Select a place with established need such as social determinants
2. Engage and consult with the community and local service partners
3. Consolidate the health promotion strategies and programs we already have, tailoring them to be more responsive to local assets and needs, and investing more to provide more intensive local attention
4. Work with the local community and service partners to identify priorities and develop actions.





Strategy 2: Foster health-supporting environments

We will influence environments where people live, work, learn and play to make them more conducive to good health and wellbeing

When the environments in which we live, work, learn and play support health – when they **promote, provide and normalise healthy choices** – we are more likely to achieve our health and wellbeing potential^{7, 24}. Fostering health-supporting environments is therefore an important focus of health promotion.

1. Settings that provide access to large portions of the community are ideal, as they provide the opportunity to reach large numbers of people. Examples include early childhood services^{25, 26}, schools^{27, 28} and workplaces^{29, 30}. We work in partnership with these settings to help them become more health-promoting. This can be achieved through organisational systems and policies, workforce development, resources, partnerships and local leadership³¹. Delivered at scale, these strategies have the potential for wide population reach, and are the focus of numerous **Service Agreement KPIs** that we are accountable for. By enhancing these investments to be more specifically tailored to the needs of disadvantaged groups and communities, we can also provide equity outcomes as described in Strategy 1.
2. SESLHD clinical service settings also provide an important opportunity to lead by example. Previous implementation of the [NSW Smoke-free Health Care Policy](#)³² aimed to reduce immediate risks, and promoted and normalised the virtues of smoke-free environments. Implementation of the [Healthy Food and Drink in NSW Health facilities for Staff and Visitors Framework](#)³³ now aims to achieve the same for nutrition. Given our efforts to improve other environments such as schools and workplaces, it is only fitting that our own facilities support good health.
3. The natural and built environments in which we live are influenced by urban planning, transport options, opportunities for physical activity, access to healthy food, smoke-free living and a range of other factors. [Healthy built environment](#) strategies will aim to influence NSW and local government planning for long-term health benefits^{34, 35}.

These strategies cannot be achieved in isolation, and our actions will therefore again reflect our SESLHD principles of co-production and partnerships. Through building **community connections**, they will also link back into our social determinants approach. The role of HPS will vary: sometimes through intensive investment, other times acting as advisors and advocates.

Case study: Healthy school environments

[Live Life Well @ School](#) is a flagship [Healthy Children Initiative \(HCI\)](#) program that works in partnership with over 2,000 primary schools across NSW to create environments that will enable children to eat healthily and be physically active. Funded by the NSW Ministry of Health and delivered by the Office of Preventive Health and Local Health Districts, Live Life Well @ School aims to reduce the prevalence of childhood obesity as part of the [Premier's Priority](#)³⁶. Our local HPS Live Life Well @ School team works with local primary schools to deliver evidence-based health promotion strategies that range from improving the food served at school canteens and school events to increasing physical activity opportunities. School policies, staff training and community engagement are all factored into this comprehensive approach to provide healthier places for healthier children and families.





Strategy 3: Encourage integrated health promotion

We will build the capacity of local services/organisations to integrate health promotion into their routine practice

One of the greatest challenges for health promotion is achieving wide reach and influence for population health benefits. One creative approach is to advocate for and build the capacity of *other* services and organisations to **integrate health promotion strategies into their own routine practice**. This can include identifying at-risk people and providing brief interventions and/or referrals to preventive care. For example, services in the community sector could identify frail and socially isolated older people; clinical health services could identify children in the early stages of obesity. If such actions were to become more widespread, evidence-based and systematic, the potential reach and impact could be substantial.

This is consistent with SESLHD strategic priorities. The [SESLHD Integrated Care Strategy](#) aspires to an agile, joined-up system that is based on **integrated, person-centred care**¹³. We know that patients can respond positively to a health service that proactively asks about and responds to their health and wellbeing^{37, 38}. The [SESLHD Equity Strategy](#) encourages services to go beyond “what is the matter?” and ask “what matters to you?” It promotes the impact this could have on the health and wellbeing of our communities⁴.

The role of HPS here is that of **advocate and change agent**. Health promotion professionals have a valuable skillset – an understanding of and experience in the social determinants approach, individual and environmental predictors of health and wellbeing, and the evidence of what does and does not influence that. Health literacy is important consideration³⁹ as are evidence-based actions such as brief interventions tailored to the specific needs of the individual⁴⁰. Much work has already been done in this area, and the evidence-based input of HPS to the planning and design of such activity could improve both efficiency and effect.

Building integrated health promotion into other services and organisations can lead to a wider reach and allow the HPS to have input to actions that would directly contribute to the HPS goal of enabling people to increase control over, and to improve, their health. Strategy 3 is therefore a strong demonstration of our commitment to **partnerships** and to **integrated care**.

Case study: Early literacy initiative

The *SESLHD Early Literacy Initiative* is a partnership program working across a network of services and community organisations to integrate health promotion into routine practice. Partners include local government, the early childhood sector, health services, parenting programs, playgroups and family support services, with a focus on families in disadvantaged areas such as Rockdale, Botany Bay and Randwick. Literacy is an important foundation for success, influencing opportunities in life for education, employment, income and wellbeing. HPS will build the capacity of partner services and organisations to offer families multiple and consistent messages and support for literacy over the early years of life. Families will also be provided with resources including tips, tools and a free book. Literacy-promoting community events will also be held.





Strategy 4: Develop health skills

We will deliver or support interventions to build personal health skills and reduce the health risks of individuals

This final strategy area describes actions directed into the community to **improve the personal skills of individuals** to take control of their own health and wellbeing. **Health improvement and lifestyle groups** can build knowledge, health literacy and personal skills to enable a healthier way of living⁴¹⁻⁴⁴. HPS has funding agreement responsibilities in this area.

- a. [Go4Fun®](#) is a free 10-week healthy lifestyle program that aims to improve health, fitness and self-esteem in children aged 7 to 13 who are above a healthy weight^{41, 42}. A specifically-tailored [Aboriginal Go4Fun®](#) program demonstrates our focus on the needs of disadvantaged groups⁴³. The potential reach of group-based health promotion is narrower than other strategies, so it is important to target this work where it is needed the most.
- b. [Stepping On](#) is a 7-week program that aims to prevent falls injuries in older people through strength and balance exercises combined with education and developing practical skills to reduce future risk⁴⁴.

HPS also promotes local awareness and uptake of **state-wide health promotion services** such as the [Get Healthy Information and Coaching Service](#) and **campaigns** such as [Make Healthy Normal](#). Guiding local people into state-wide services and campaigns is much more efficient than developing our own local alternatives. Our role in supporting these state-wide initiatives meets an important community need in an evidence-based, sustainable and relatively low-cost way.

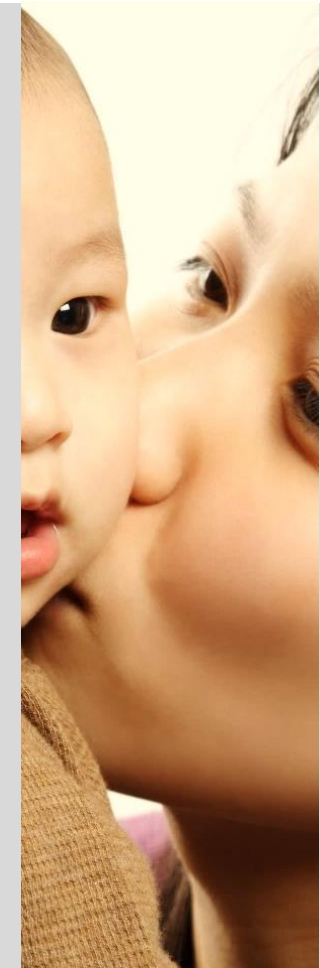
At the local level, we will also **engage with our local communities** to better determine their assets, strengths, needs and priorities. Concepts such as health literacy and links to social determinants will be explored, particularly in suburbs or with population groups who experience inequities. This links strongly back to Strategy 1. We will work with communities to empower them to take greater direct control of local health actions themselves, such as through community-based grants or other actions to build their capacity to deliver evidence-based community interventions.

Case study: Communicating Healthy Beginnings Advice by Telephone (CHAT)

The [CHAT research trial](#) is an example of our commitment to building evidence for innovative health promotion. It has forged strong partnerships across four local health districts, with input from health promotion, clinical and academic experts.





The project has a strong focus on early interventions for building healthy beginnings. The interventions support women from their third trimester of pregnancy until their baby is 12 months old. Their personal skills and health literacy are being developed through a combination of written information, SMS-based interventions and telephone support.

Translating research into practice, this links back to other key themes across our framework for action. It follows an integrated care model, where health promotion complements and is linked with clinical care. Focusing on the early years of life has important links to the social determinants of health and addresses prominent public health issues such as childhood obesity.



OPERATIONAL PLANNING

Planning overview

STRATEGY	HPS Objective	Focus of HPS action	HPS Indicators
 <p>1. Take a social determinants approach</p>	<p>Take a social determinants approach to improving health and wellbeing, particularly for those who experience inequities</p>	<p>Disadvantaged groups and communities</p>	<p>Investments in and positive impacts of HPS investments in a social determinants approach, including evidence of the following:</p> <ul style="list-style-type: none"> • Involvement of communities in identifying priorities and developing actions • Effective delivery reach of mainstream HPS projects within disadvantaged groups (eg Aboriginal people) and communities (eg locations where there is socioeconomic disadvantage) • Improvements to mainstream HPS projects to address social determinants more effectively • Investments in specific social determinants projects, such as a place-based initiative in a disadvantaged local community
 <p>2. Foster health-supporting environments</p>	<p>Influence environments where people live, work, learn and play to make them more conducive to good health and wellbeing</p>	<p>Environments/settings – may include early childhood services, schools, workplaces, local government/healthy built environments</p>	<p>Improvements to the environments in which people live, work, learn and play, including evidence of the following:</p> <ul style="list-style-type: none"> • Involvement of communities in identifying priorities and developing actions • Action by HPS including early childhood services, primary schools and workplaces • Positive impacts such as the introduction by those settings of health promoting policies, changes in practices, workforce development etc
 <p>3. Encourage integrated health promotion</p>	<p>Build the capacity of local services/organisations to integrate health promotion into their routine practice</p>	<p>Local services such as relevant SESLHD clinical services and other relevant local organisations who have good reach into local communities</p>	<p>Increased health promoting care delivery by local services/organisations that have been the focus of HPS capacity building projects, including evidence of the following:</p> <ul style="list-style-type: none"> • Involvement of partners in identifying priorities and developing actions • Delivery of strategies to build the capacity of these services/organisations to become more health promoting, such as organisational policies and procedures, workforce development, resource development and partnerships • Increased health promoting care being delivered as a result, such as those services/organisations systematically identifying people who are at risk, delivering brief interventions and making referrals for follow-up
 <p>4. Develop health skills</p>	<p>Deliver or support interventions to build personal health skills and reduce the health risks of individuals</p>	<p>Community groups and individuals</p>	<p>Improvements in the personal health skills and reductions in health risks of individuals, including evidence of the following:</p> <ul style="list-style-type: none"> • Involvement of communities in identifying priorities and developing actions • Local action to support state-wide health promotion campaigns and services • Delivery and impact of lifestyle groups including Go4Fun® and Stepping On • Reach and impact of local health skills and health literacy initiatives


Initiatives Matrix


Health promotion is often multi-strategic in nature, so the matrix below demonstrates how HPS initiatives may contribute to more than one of our four main strategies. Note that because the scale of initiatives varies considerably, a simple “dot count” is not recommended as a measure of the overall balance of investments.

Matrix key: ■ Has Service Agreement KPIs ● Major focus of the work ● Secondary focus; will contribute in some way to that strategy

Hyperlinks provide for brief descriptions of all initiatives (Appendix A)	1. Take a social determinants approach	2. Foster health-supporting environments	3. Encourage integrated health promotion	4. Develop health skills
HPS INITIATIVES				
Communicating Healthy Beginnings Advice by Telephone (CHAT)			●	●
Connecting Communities (Bayside)	●			
Early Literacy Initiative	●		●	
Get Healthy @ Work		●		●
■ Get Healthy Information and Coaching Service			●	●
HCI: Aboriginal Go4Fun@	●		●	●
HCI: Go4Fun@			●	●
HCI: Healthy supported playgroups/Out of School Hours Care (OSHC) services	●	●		
■ HCI: Live Life Well @ School	●	●	●	
■ HCI: Munch & Move@	●	●	●	
Healthy Built Environments		●		
Healthy Foods and Drinks Framework implementation		●		
Integrate smoking cessation into SESLHD routine clinical practice			●	
Make Healthy Normal	●			●
Place-based in planning (Randwick)	●			
■ Quit for New Life	●		●	●
Stepping On & Next Step				●
The Ngandugadial (stop smoking) Project	●		●	●
Youth/high schools	●	●	●	
NGO COLLABORATIONS				
SHARE healthy lifestyle groups				●
Koolooro Vacation Care Project			●	
Nutrition Australia			●	
Weave Kool Kids Club			●	

Strategy 1: Take a social determinants approach

STRATEGY	HPS Objective	Focus of HPS action	HPS Indicators ♦ indicates Service Agreement KPIs
 <p>1. Take a social determinants approach</p>	<p>Take a social determinants approach to improving health and wellbeing, particularly for those who experience inequities</p>	<p>Disadvantaged groups and communities</p>	<p>Investments in and positive impacts of HPS investments in a social determinants approach, including evidence of the following:</p> <ul style="list-style-type: none"> • Involvement of communities in identifying priorities and developing actions • Effective delivery reach of mainstream HPS projects within disadvantaged groups (eg Aboriginal people) and communities (eg locations where there is socioeconomic disadvantage) • Improvements to mainstream HPS projects to address social determinants more effectively • Investments in specific social determinants projects, such as a place-based initiative in a disadvantaged local community


Initiatives	Priorities for action in 2017-19	Manager	Project-level indicators
WE WILL CONTINUE TO DELIVER....			
<p>1.1. Connecting Communities (Bayside)</p> 	<ul style="list-style-type: none"> • Finalise evaluation of Doing It Differently Phase 1 and produce a project report • Establish and coordinate Connecting Communities Advisory Group • Implement and monitor Doing It Differently grants initiative Phase II • Up-skill staff of HPS, partner services and community members in the ABCD approach • Identify additional opportunities for place-based community driven initiatives in Bayside LGA, with focus on areas identified as disadvantaged, and commence planning 	<p>Katarzyna Bochynska</p>	<ul style="list-style-type: none"> • N grants awarded to individuals and/or organisations • 100% of HPS staff trained in ABCD • N staff from partner services trained in ABCD • N community members trained in ABCD • Demonstrated use of ABCD approach in practice • Planning commenced for a place-based community initiative • Dissemination of report for Phase 1 of Doing it Differently • N grants awarded to individuals and/or organisations

Initiatives	Priorities for action in 2017-19	Manager	Project-level indicators
1.2. Early Literacy Initiative ●	<ul style="list-style-type: none"> Implement and monitor Let's Read community component and consult with partner services to assess effectiveness and impact Evaluate the Early Literacy Initiative and disseminate report to key stakeholders See additional actions for this initiative in Strategy 3 <p><u>What we aspire to next</u></p> <ul style="list-style-type: none"> Identify additional opportunities for the Let's Read program outside of Bayside LGA, with a focus on areas identified as disadvantaged; commence planning 	Libby Powell	<ul style="list-style-type: none"> N partner services participating in the <i>Let's Read</i> program N staff completed NESA accredited <i>Let's Read</i> training N story books disseminated to families with children aged 0-5 years living in Bayside LGA and parts of Randwick LGA Dissemination of Early Literacy Initiative Report to key stakeholders by June 2018 Additional Let's Read community identified, and program planning commenced by August 2018
1.3. HCI: Aboriginal Go4Fun® ●	<ul style="list-style-type: none"> Partner with services and organisations who work with Aboriginal people to identify appropriate locations and partners for the co-delivery of the Aboriginal Go4Fun® healthy lifestyle program Co-deliver 3 Aboriginal Go4Fun® programs in partnership with community organisations (including WEAVE Kool Kids Club and Sydney Children's Hospital Network) Build capacity of Aboriginal workers and partner organisations by participating in the leader support model. Peer mentoring partnerships will support Aboriginal and non-Aboriginal leaders in the delivery of the Aboriginal Go4Fun® program See additional actions for this initiative in Strategy 3 and Strategy 4 	Lisa Moorhouse	<ul style="list-style-type: none"> N=3 Aboriginal Go4Fun® programs co-delivered with partner community organisations N local Aboriginal workers who have completed the program training and participated in the co-delivery leader support model
1.4. HCI: Healthy supported playgroups/Out of school hours care (OSHC) services ●	<ul style="list-style-type: none"> Establish an OSHC Working Group with local OSHC directors / leaders and community members Develop and implement an OSHC grants initiative in collaboration with key partners; focus on services located in areas of disadvantage Produce an OSHC Grants project report See additional actions for this initiative in Strategy 2 	Libby Powell	<ul style="list-style-type: none"> N=10 grants awarded to services located in areas of disadvantage by June 2018. OSHC Grants project implemented; report disseminated to key partners by October 2018
1.5. HCI: Live Life Well @ School ●	<ul style="list-style-type: none"> Provide additional support grants to primary schools implementing the LLW@S program who are located in areas of socio- economic disadvantage according to SEIFA index See additional actions for this initiative in Strategy 2 and Strategy 3 	Lisa Moorhouse	<ul style="list-style-type: none"> N schools in areas of socioeconomic disadvantage who have received tailored support grants

Initiatives	Priorities for action in 2017-19	Manager	Project-level indicators
1.6. HCl: Munch & Move® ●	<ul style="list-style-type: none"> Implement intensive Munch & Move® support model with early childhood education and care services that fall within areas of high social disadvantage, services with a large proportion of Aboriginal children attending and services with a large proportion of children from CALD backgrounds Work with Munch & Move® early childhood education and care services in the Southern Randwick area to increase social capital through planning, development, implementation and evaluation of the Munch & Move® Equity Grants initiative to fund services to implement asset-based projects in partnerships with the local community, NGOs and services See additional actions for this initiative in Strategy 2 and Strategy 3 	Marina Tomasella	<ul style="list-style-type: none"> Intensive support model implemented across N=20 services Grants initiative developed Partners and community engaged. ABCDE workshop session delivered to early childhood education and care services, families/parents, local NGOs and services and other relevant project partners N=10 asset-based projects funded
1.7. Make Healthy Normal ●	<ul style="list-style-type: none"> Co-design a MHN Implementation Plan, informed by community members and other key partners, with a focus on an area(s) identified as disadvantaged; commence implementation See additional actions for this initiative in Strategy 4 	Libby Powell/ Katarzyna Bochynska	<ul style="list-style-type: none"> Demonstrated use of ABCDE and / or Harwood approach in practice N MHN promotional activities / initiatives in areas identified as disadvantaged
1.8. Place-based in planning (Randwick) ●	<ul style="list-style-type: none"> Establish and coordinate a place-based initiative in Randwick Coordinate a rapid Equity Focussed Health Impact Assessment and strengths-based community consultation that informs initiative design and implementation Up-skill HPS staff, partner services and community members in the Harwood (community consultation) approach Co-produce a place-based initiative in Randwick Project Plan; informed by community members and other key partners Implement the Randwick place-based initiative in partnership with Randwick LGA, Family and Community Services (FaCS) and other key partners; with community members at the centre <p><u>What we aspire to next</u></p> <ul style="list-style-type: none"> Identify additional opportunities for place-based community driven initiatives in Randwick LGA, with focus on areas identified as disadvantaged and strategies aligned to social determinants of health Trial Doing It Differently Health and Wellbeing Community Project in Randwick LGA 	Libby Powell	<ul style="list-style-type: none"> Advisory Committee established by February 2018. Rapid Equity Focussed Health Impact Assessment report disseminated to key stakeholders by June 2018 80% of Healthy People Healthy Places team trained in Harwood approach N staff from partner services and N community members trained in Harwood approach Demonstrated use of Harwood approach in practice reported N key partners (public, private and community sectors) engaged in the initiative. Implementation initiated, and reporting (formal and informal) commenced Planning commenced Trial commenced


Initiatives		Priorities for action in 2017-19	Manager	Project-level indicators
1.9.	Quit for New Life ●	<ul style="list-style-type: none"> Identify and engage pregnant Aboriginal women and women having an Aboriginal baby Continue to build trust with the Aboriginal community and ensure a culturally safe service See additional actions for this initiative in Strategy 3 and Strategy 4 	Katarzyna Bochynska	<ul style="list-style-type: none"> KPI ≥ 65% of pregnant women who identify as having an Aboriginal baby and report smoking at booking accept nicotine replacement therapy KPI ≥ 65% of pregnant women who identify as having an Aboriginal baby and report smoking at booking accept cessation support (phone support and/or face to face support) KPI population indicator: % Aboriginal pregnant women who smoked at any time during pregnancy KPI population indicator: % non-Aboriginal pregnant women who smoked at any time during pregnancy
1.10.	The Ngandugadial (stop smoking) Project ●	<ul style="list-style-type: none"> Continue to build trust with the Aboriginal community and ensure a culturally safe service Continue to offer the smoking cessation clinic within Bulbuwil Aboriginal Healthy Lifestyle Program to support to Aboriginal clients until 30 December 2017 See additional actions for this initiative in Strategy 3 and Strategy 4 	Katarzyna Bochynska	<ul style="list-style-type: none"> N clients accessing the clinic
1.11.	Youth/high schools ●	<ul style="list-style-type: none"> Implement and evaluate YHunger in partnership with key stakeholders. Explore opportunities and implement a community-based active living initiative for youth in an area identified as socially disadvantaged See additional actions for this initiative in Strategy 2 and Strategy 3 	Katarzyna Bochynska/ Libby Powell	<ul style="list-style-type: none"> YHunger implemented by Dec 2018 YHunger evaluated and report disseminated by April 2019 Community-based active living initiative for youth implemented in an area identified as socially disadvantaged by February 2019

Strategy 2: Foster health-supporting environments


STRATEGY	HPS Objective	Focus of HPS action	HPS Indicators ♦ indicates Service Agreement KPIs
 <p>2. Foster health-supporting environments</p>	Influence environments where people live, work, learn and play to make them more conducive to good health and wellbeing	Environments/settings – may include early childhood services, schools, workplaces, local government/ healthy built environments	<p>Improvements to the environments in which people live, work, learn and play, including evidence of the following:</p> <ul style="list-style-type: none"> • Involvement of communities in identifying priorities and developing actions • Action by HPS including early childhood services ♦, primary schools ♦ and workplaces ♦ • Positive impacts such as the introduction by those settings of health promoting policies, changes in practices, workforce development etc ♦

Initiatives	Priorities for action in 2017-19	Manager	Project-level indicators
WE WILL CONTINUE TO DELIVER....			
2.1. Get Healthy @ Work ●	<ul style="list-style-type: none"> • Continue links with SESLHD Wellbeing Committee and working with the committee to promote health through orientation program for all new staff to SESLHD • Promote Get Healthy @ Work to the Chamber of Commerce, at local community events (as relevant) and across the SESLHD workforce • See additional actions for this initiative in Strategy 4 	Libby Powell	<ul style="list-style-type: none"> • N promotional activities targeting SESLHD employees • Get Healthy@ Work newsletter distribution to Chamber of Commerce
2.2. HCl: Healthy supported playgroups/Out of School Hours Care (OSHC) ●	<ul style="list-style-type: none"> • Implement and monitor according to funding indicator • Disseminate Eat Smart Play Smart manual to OSHC services located in SESLHD • Promote on-line training module to OSHC services located in SESLHD • Provide follow-up support to OSHC services to assist implementation of messaging and practice • Disseminate OPH resources to supported playgroup (SPG) auspice organisations operating playgroups in SESLHD • Provide follow-up support to SPG auspice organisations to assist implementation of messaging and practice into routine service delivery. • Submit performance reports to key stakeholders as required (OPH/MoH, SESLHD) • Produce and disseminate a project report to key stakeholders • See additional actions for this initiative in Strategy 1 	Libby Powell	<ul style="list-style-type: none"> • 95% of OSHC services received program resources by June 2018 • 60% OSHC services completed on-line training by June 2018 • All participating OSHC services received follow up support • 95% of SPGs located in SESLHD received program resources • All participating SPG auspice organisations received follow up support by June 2018 • SPG and OSHC project reports disseminated to key stakeholders by August 2018

Initiatives	Priorities for action in 2017-19	Manager	Project-level indicators
2.3. HCI: Live Life Well @ School ●	<ul style="list-style-type: none"> • Increase the number of (trained) primary schools who have established supportive environments for healthy eating and physical activity through implementation of relevant policies, strategies and frameworks • Support primary school canteen staff to implement the NSW Healthy School Canteen Strategy • Provide workforce development to school staff which supports the Health Promoting Schools Framework and Live Life Well @ School program key messages • See additional actions for this initiative in Strategy 1 and Strategy 3 	Lisa Moorhouse	<ul style="list-style-type: none"> • KPI >60% schools achieving 60% of desirable practices by June 2018 • % primary school canteens who have created an action plan towards achievement of benchmark indicators for practice 5 • % primary school canteens meeting practice 5 (NSW Healthy School Canteen Strategy) • N schools who have participated in professional development in physical activity/healthy eating in the last 2 years
2.4. HCI: Munch & Move@ ●	<ul style="list-style-type: none"> • Support early childhood education and care services across SESLHD to implement the Munch & Move@ program • Support early childhood education and care service staff to role model healthy eating and physical activity through promotion of Get Healthy Information and Coaching Service and Get Healthy @ Work • See additional actions for this initiative in Strategy 1 and Strategy 3 	Marina Tomasella	<ul style="list-style-type: none"> • KPI > 60% of early childhood education and care services are achieving >50% or more of the Munch & Move@ program desirable practices • Get Healthy @ Work and Get Healthy promoted through workshops and service level communication
2.5. Healthy Built Environments ●	<ul style="list-style-type: none"> • Review and provide comments to all relevant planning documents to advocate healthy built environment • Participate in the Health Built Environment network to share and advocate for state and local issues related to the built environment 	Myna Hua	<ul style="list-style-type: none"> • N documents reviewed, and comments provided, additional process indicators as relevant
2.6. Healthy Foods and Drinks Framework implementation ●	<ul style="list-style-type: none"> • Continue to coordinate the SESLHD Healthy Food and Drink Advisory Group • Communicate key messages of the Framework to all stakeholders including staff groups and affiliated facilities • Engage with individual retailers and vending machine suppliers to support implementation and facilitate transition which ensure operators are guided to understand implement and maintain the Framework. • Audit and report to the Ministry to establish progress in achieving a healthy food and drink offering in all SESLHD facilities • Develop an implementation plan for phase 2 of the Framework • Develop a sustainability plan 	Katarzyna Bochynska	<ul style="list-style-type: none"> • Remove from sale all sugar sweetened beverages in vending machines and retail outlets in all SESLHD facilities by 31 December 2017 • All vending machines offer at least 75% healthy food and drinks and no more than 25% less healthy food and drink options by 31 December 2018 • All retail outlets offer at least 75% healthy food and drinks and no more than 25% less healthy food and drink options by 31 December 2018

Initiatives	Priorities for action in 2017-19	Manager	Project-level indicators
2.7. Youth/high schools 	<ul style="list-style-type: none"> • Provide workforce development to youth service staff which supports YHunger implementation • Identify and support youth related services to implement a community-based active living initiative in SESLHD • See additional actions for this initiative in Strategy 1 and Strategy 3 	Libby Powell/ Katarzyna Bochynska	<ul style="list-style-type: none"> • Number of youth service staff trained in YHunger • Number of YHunger grants awarded to youth service providers • YHunger implemented by December 2018 • YHunger evaluated and report disseminated by April 2019 • Community-based active living initiative for youth implemented in an area identified as socially disadvantaged by February 2019

Strategy 3: Encourage integrated health promotion


STRATEGY	HPS Objective	Focus of HPS action	HPS Indicators ♦ indicates Service Agreement KPIs
 <p>3. Encourage integrated health promotion</p>	<p>Build the capacity of local services/organisations to integrate health promotion into their routine practice</p>	<p>Local services such as relevant SESLHD clinical services and other relevant local organisations who have good reach into local communities</p>	<p>Increased health promoting care delivery by local services/organisations that have been the focus of HPS capacity building projects, including evidence of the following:</p> <ul style="list-style-type: none"> • Involvement of partners in identifying priorities and developing actions • Delivery of strategies to build the capacity of these services/organisations to become more health promoting, such as organisational policies and procedures, workforce development, resource development and partnerships • Increased health promoting care being delivered as a result, such as those services/organisations systematically identifying people who are at risk, delivering brief interventions and making referrals for follow-up

Initiatives	Priorities for action in 2017-19	Manager	Project-level indicators
WE WILL CONTINUE TO DELIVER....			
3.1. Communicating Healthy Beginnings Advice by Telephone (CHAT) ●	<ul style="list-style-type: none"> • Implement and evaluate the translation research grant for the Healthy Beginnings Trial for childhood obesity in partnerships with Sydney, Sydney South West and Southern LHDs • See additional actions for this initiative in Strategy 4 	Myna Hua	<ul style="list-style-type: none"> • Feasibility, cost effectiveness and sustainable of the randomised controlled trial for childhood obesity prevention.
3.2. Early Literacy Initiative ●	<ul style="list-style-type: none"> • Continue to support partner services participating in the Let's Read program • Co-design an Early Literacy Sustainability Plan in collaboration with key partners, commence implementation • See additional actions for this initiative in Strategy 1 	Libby Powell	<ul style="list-style-type: none"> • N partner services participating in the Let's Read program • N staff completed NESA accredited Let's Read training • Early Literacy Sustainability Plan implementation commenced
3.3. Get Healthy Information and Coaching Service ●	<ul style="list-style-type: none"> • Promote Get Healthy Service to health professionals; encourage and support integration into routine practice • See additional actions for this initiative in Strategy 4 	Libby Powell	<ul style="list-style-type: none"> • KPI N=705 health professional referrals by June 2018 • N services / professionals integrated GHS into routine practice

Initiatives	Priorities for action in 2017-19	Manager	Project-level indicators
3.4. HCI: Aboriginal Go4Fun® ●	<ul style="list-style-type: none"> Partner with services and organisations who work with Aboriginal people to identify appropriate locations and partners for the co-delivery of the Aboriginal Go4Fun® healthy lifestyle program Co-deliver 3 Aboriginal Go4Fun® programs in partnership with community organisations (including WEAVE Kool Kids Club and Sydney Children's Hospital Network) Build capacity of Aboriginal workers and partner organisations by participating in the leader support model. Peer mentoring partnerships will support Aboriginal and non-Aboriginal leaders in the delivery of the Aboriginal Go4Fun® program See additional actions for this initiative in Strategy 1 and Strategy 4 	Lisa Moorhouse	<ul style="list-style-type: none"> N=3 Aboriginal Go4Fun® programs co-delivered with partner community organisations N local Aboriginal workers who have completed the program training and participated in the co-delivery leader support model
3.5. HCI: Go4Fun® ●	<ul style="list-style-type: none"> Consult with local services/organisations, to identify mutual priorities and establish effective ways of working together to promote the Go4Fun® program locally Support local services/organisations to provide brief intervention and referrals to the Go4Fun® program as appropriate (provide resources, relevant training opportunities) See additional actions for this initiative in Strategy 4 	Lisa Moorhouse	<ul style="list-style-type: none"> N referrals received to the Go4Fun® program in 2017/18
3.6. HCI: Live Life Well @ School ●	<ul style="list-style-type: none"> Provide schools with resources to communicate key messages related to healthy eating and physical activity to parents and the wider school community See additional actions for this initiative in Strategy 1 and Strategy 2 	Lisa Moorhouse	<ul style="list-style-type: none"> N schools who report on LLW@S program messages to parents & the wider community
3.7. HCI: Munch & Move® ●	<ul style="list-style-type: none"> Deliver professional development for the local early childhood education and care services workforce regarding development of health promoting service policies/guidelines, development of healthy menus, embedding physical activity and healthy eating into daily experiences and encouraging and supporting breastfeeding Support services to communicate key health messages to parents and families through implementation of parent engagement initiatives See additional actions for this initiative in Strategy 1 and Strategy 2 	Marina Tomasella	<ul style="list-style-type: none"> A minimum of N=10 workshops provided. 2 parent engagement initiatives implemented and evaluated Evidence of Increase in skills, knowledge and confidence to embed promotion of healthy eating and physical activity in routine service practice."
3.8. Integrate smoking cessation into SESLHD routine clinical practice ●	<ul style="list-style-type: none"> Develop and finalise District-wide smoking cessation in maternity services procedure Identify smoking cessation champions within clinical services with particular focus on maternity services Provide training in smoking cessation for champions and other clinicians Identify other support required to embed smoking cessation into routine practice in collaboration with clinicians 	Katarzyna Bochyńska	<ul style="list-style-type: none"> Procedure approved and there is evidence of implementation Champions identified for maternity services in Royal Women's Hospital, Southerland Hospital and St George Hospital N clinicians trained in smoking cessation Relevant support provided to clinical services

Initiatives		Priorities for action in 2017-19	Manager	Project-level indicators
3.9.	NGO collaborations: <ul style="list-style-type: none"> • Kooloora Vacation Care Project ● • Nutrition Australia ● • Weave Kool Kids Club ● 	<ul style="list-style-type: none"> • Develop strategic relationships with relevant NGOs to support HPS priorities 	HPS management team	<ul style="list-style-type: none"> • NGOs identified • Funding allocated, and initiatives implemented
3.10.	Quit for New Life ●	<ul style="list-style-type: none"> • Deliver strategies identified in the QFNL practice change plan in collaboration with the QFNL Advisory Group • Plan for discontinuation of funding from the NSW Ministry of Health • See additional actions for this initiative in Strategy 1 and Strategy 4 	Katarzyna Bochynska	<ul style="list-style-type: none"> • QFNL practice change plan implemented • KPI % Aboriginal pregnant women referred to the Quitline • KPI % Aboriginal pregnant women provided with nicotine replacement therapy • KPI % Aboriginal pregnant women booked a follow-up appointment • KPI population indicator: % Aboriginal pregnant women who smoked at any time during pregnancy • KPI population indicator: % non-Aboriginal pregnant women who smoked at any time during pregnancy
3.11.	The Ngandugadial (stop smoking) Project ●	<ul style="list-style-type: none"> • Explore options to ensure sustainability of the clinic beyond the project period in collaboration with project partners • Provide training and other support to HealthOne Sutherland Integrated Care Unit to deliver smoking cessation • See additional actions for this initiative in Strategy 1 and Strategy 4 	Katarzyna Bochynska	<ul style="list-style-type: none"> • Direction agreed on how to sustain provision of smoking cessation past December 2017 • N HealthOne Sutherland Integrated Care Unit staff trained in smoking cessation
3.12.	Youth/high schools ●	<ul style="list-style-type: none"> • Partner with services and organisations who work with youth related services to encourage and support integration of YHunger messaging and practice into routine service delivery • See additional actions for this initiative in Strategy 1 and Strategy 2 	Libby Powell/ Katarzyna Bochynska	<ul style="list-style-type: none"> • N youth services trained in YHunger • N of youth services with evidence of YHunger messaging and practice embedded into routine service delivery

Strategy 4: Develop health skills

STRATEGY	HPS Objective	Focus of HPS action	HPS Indicators ♦ indicates Service Agreement KPIs
 4. Develop health skills	Deliver or support interventions to build personal health skills and reduce the health risks of individuals	Individuals in the community	Improvements in the personal health skills and reductions in health risks of individuals, including evidence of the following: <ul style="list-style-type: none"> • Involvement of communities in identifying priorities and developing actions • Local action to support state-wide health promotion campaigns • Local action to support state-wide health promotion services • Delivery and impact of lifestyle groups including Go4Fun® ♦ and Stepping On ♦ • Reach and impact of local health skills and health literacy initiatives

Initiatives	Priorities for action in 2017-19	Manager	Project-level indicators
WE WILL CONTINUE TO DELIVER....			
4.1. Communicating Healthy Beginnings Advice by Telephone (CHAT) ●	<ul style="list-style-type: none"> • Prepare ethics application for approval and conduct translational research study. • See additional actions for this initiative in Strategy 3 	Myna Hua	<ul style="list-style-type: none"> • Obtain ethics approval and recruit number of subjects as required by the design of the study • Produce appropriate resources according to intervention design • Complete the trial according to protocol within the agreed timeframe
4.2. Get Healthy @ Work ●	<ul style="list-style-type: none"> • Promote Get Healthy @ Work to SESLHD employees. • Promote Get Healthy @ Work to local business via the Chamber of Commerce. • Inform OPH / SafeWork team of any local business events to promote Get Healthy @ Work • See additional actions for this initiative in Strategy 2 	Libby Powell	<ul style="list-style-type: none"> • N and type of promotional activities to SESLHD employees • N workplace health programs for SESLHD employees • N brief health checks conducted for workplaces located in SESLHD • N referrals following brief health checks • Get Healthy @ Work newsletter distribution to Chamber of Commerce • N local business events attended by SafeWork team to promote Get Healthy @ Work
4.3. Get Healthy Information and Coaching Service ●	<ul style="list-style-type: none"> • Evaluate the Chinese Get Healthy Service pilot project for effectiveness by June 2015 • See additional actions for this initiative in Strategy 3 	Libby Powell	<ul style="list-style-type: none"> • Chinese GHS evaluated, and report disseminated to key stakeholders by Aug 2018

Initiatives		Priorities for action in 2017-19	Manager	Project-level indicators
4.4.	HCI: Aboriginal Go4Fun® ●	<ul style="list-style-type: none"> Co-deliver 3 Aboriginal Go4Fun® programs in partnership with community organisations (including WEAVE Kool Kids Club and Sydney Children's Hospital Network) Improve healthy eating and physical activity behaviours of children aged 7-13 years and their families through participation in the Aboriginal Go4Fun® programs See additional actions for this initiative in Strategy 1 and Strategy 3 	Lisa Moorhouse	<ul style="list-style-type: none"> N=3 Aboriginal Go4Fun® programs co-delivered with partner community organisations N children and families who have completed the Aboriginal Go4Fun® program
4.5.	HCI: Go4Fun® ●	<ul style="list-style-type: none"> Deliver 16 Go4Fun® healthy lifestyle programs to families and children (7-13 years) with at least 48 participants each term Deliver at least one program per term in an area of socio economic disadvantage See additional actions for this initiative in Strategy 3 	Lisa Moorhouse	<ul style="list-style-type: none"> N=16 programs delivered in 2017/18 N=192 enrolments 85% cumulative completion rate At least N=4 Go4Fun® programs delivered in an area of socioeconomic disadvantage
4.6.	Make Healthy Normal ●	<ul style="list-style-type: none"> Produce a MHN scoping paper Co-design and co-deliver a range of MHN community-based initiatives with community members and key partner services and organisations. Evaluate initiatives for effectiveness and impact See additional actions for this initiative in Strategy 1 	Libby Powell/ Katarzyna Bochynska	<ul style="list-style-type: none"> N MHN related community initiatives
4.7.	NGO collaboration: SHARE healthy lifestyle groups ●	<ul style="list-style-type: none"> Provide funding to SHARE to: <ul style="list-style-type: none"> Deliver weekly physical exercise groups to people over the age of 50 years Increase the knowledge and skills of SHARE fitness leaders in balance and strength exercise 	Katarzyna Bochynska	<ul style="list-style-type: none"> At least N=36 weekly classes conducted (11 aqua) N=500 participants attending weekly classes (35% CALD) 94% of participants reported to gained health benefit from attending the classes 85% of fitness leaders trained in strength and balance exercise
4.8.	Quit for New Life ●	<ul style="list-style-type: none"> Deliver smoking cessation interventions to pregnant Aboriginal women and women having an Aboriginal baby, as well as their families See additional actions for this initiative in Strategy 1 and Strategy 3 	Katarzyna Bochynska	<ul style="list-style-type: none"> KPI ≥ 65% of pregnant women who identify as having an Aboriginal baby and report smoking at booking accept nicotine replacement therapy KPI ≥ 65% of pregnant women who identify as having an Aboriginal baby and report smoking at booking accept cessation support (phone support and/or face to face support) KPI population indicator: % Aboriginal pregnant women who smoked at any time during pregnancy KPI population indicator: % non-Aboriginal pregnant women who smoked at any time during pregnancy

Initiatives	Priorities for action in 2017-19	Manager	Project-level indicators
4.9. Stepping On & Next Step ●	<ul style="list-style-type: none"> Assess effectiveness of the Next Steps program Deliver 35 Stepping On groups with 420 participants Develop a healthy aging project plan 	Katarzyna Bochynska (Next Steps), Libby Powell (Stepping On)	<ul style="list-style-type: none"> N people participating in the Next Step program Program assessed in terms of clinical indicators % Next Steps participants undertaking regular exercise post the Next Steps program N=35 Stepping On groups commenced by June 2018 N=420 participants enrolled in Stepping On groups by June 2018
4.10. The Ngandugadial (stop smoking) Project ●	<ul style="list-style-type: none"> Continue to offer the smoking cessation clinic within Bulbuwil Aboriginal Healthy Lifestyle Program to provide free NRT and smoking cessation support to Aboriginal clients until 30 December 2017 See additional actions for this initiative in Strategy 1 and Strategy 3 	Katarzyna Bochynska	<ul style="list-style-type: none"> N clients accessing the clinic N clients referred to Quitline N clients supplied with NRT N clients successfully quit

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APPENDICES

Appendix A: Initiative summaries

HPS INITIATIVES

Communicating Healthy Beginnings Advice by Telephone (CHAT)

The [CHAT research trial](#) is an example of our commitment to building evidence for innovative health promotion. It has forged strong partnerships across four local health districts, with input from health promotion, clinical and academic experts. The initiative has a strong focus on early interventions for building healthy beginnings. The interventions support women from their third trimester of pregnancy until their baby is 12 months old. Their personal skills and health literacy are being developed through a combination of written information, SMS-based interventions and telephone support. Translating research into practice, this links back to other key themes across our framework for action. It follows an integrated care model, where health promotion complements and is linked with clinical care. Focusing on the early years of life has important links to the social determinants of health and addresses prominent public health issues such as childhood obesity.

Connecting Communities (Bayside)

Connecting Communities will focus on producing a number of place-based community driven initiatives in various localities throughout the district. Specifically, Connecting Communities aims to facilitate partnerships, engage and empower communities to develop initiatives that build healthy, resilient and socially connected communities with a focus on reducing health inequities. Connecting Communities is guided by numerous partners including Bayside Council and SESLHD teams focussed on Community Partnerships, Equity, Priority Populations. New external and internal partners may become members as the initiative evolves.

The **Doing It Differently** Grants Initiative (DID) is part of Connecting Communities. DID is a local grants initiative offered in partnership with Bayside Council to the

local community of Bayside LGA. DID aims to enhance social capital to improve community health and wellbeing. Grants of up to \$10,000 are available for individuals and community groups to enhance their environments, resilience, and social connectedness, promote community spirit and inspire pride in their local neighbourhoods.

Early Literacy Initiative

The SESLHD Early Literacy Initiative aims to build the capacity of both families and professionals to foster children's emergent literacy skills and support children for success in school and life. There is a focus on children growing up in particular groups in the community including those from low socio-economic status households and families from an Indigenous or culturally and linguistically diverse background whose parents and caregivers are from non-English speaking background. HPS supports partner community services and settings that provide opportunities to deliver early literacy information and support to parents and caregivers and their young children.

Implementation of [Let's Read](#) is a community component of the initiative. **Let's Read** is an early literacy program developed by the Murdoch Children Research Institute in partnership with the Smith Family.

Get Healthy Information and Coaching Service

The [Get Healthy Information and Coaching Service](#) (Get Healthy) is a free NSW Health telephone coaching service supporting people 16 years to reach lifestyle goals in relation to healthy eating, physical activity, achieving and maintain a healthy weight and/or reduction of alcohol intake. Participants can receive 10 coaching sessions over a 6-month period to work on health goals. The Health

promotion service will engage with health professionals across SESLHD to encourage routine referrals to the Get Healthy Service.

The Chinese Get Healthy Service is a pilot study between SESLHD and Sydney LHD. The service is an expansion of the NSW [Get Healthy Information and Coaching Service](#) to include bilingual, Chinese speaking coaches. The Chinese Get Healthy Service commenced operation in June 2017 with bilingual health coaches (Mandarin and Cantonese speaking) and translated resources. The service will be evaluated in 2018 to inform the effectiveness of maintaining a culturally relevant service for the Chinese community.

Get Healthy @ Work

[Get Healthy @ Work](#) is a NSW Health program that supports workplaces to improve the health of employees and workplaces. Businesses can register with the program and receive brief health checks for their employees and resources to develop plans to address identified health issues. Action plans can focus on a particular health issue including healthy weight, physical activity, healthy eating, quit smoking, mental health or safe alcohol consumption.

HCI: Go4Fun® and Aboriginal Go4Fun®

[Go4Fun®](#) is a fun and interactive program supporting 7 to 13-year-old children who are above a healthy weight and their families to adopt a long lasting and healthy approach to life. The program includes a family-based intervention run over 10 weeks by qualified health professionals. Sessions are 2 hours long and held after school, running parallel with school terms. The sessions include weekly games and activities for children, fun and interactive discussions to teach easy and effective ways to improve children's nutrition, physical activity and self-esteem, practical demonstrations, games and tips about healthy foods, label reading and portion size and goal setting to support children to make healthy changes to their daily habits

[Aboriginal Go4Fun®](#) is state-wide pilot program that aims to implement and evaluate a culturally appropriate co-delivery model of the Go4Fun® program tailored specifically for Aboriginal families. Both content and delivery have been modified. The co-delivery model utilises strengths of Aboriginal organisations yet

harnesses the experience within LHDs from their delivery of the mainstream Go4Fun® program. A key focus of the co-delivery model is to build the capacity of individual staff and Aboriginal organisations to deliver the Aboriginal Go4Fun® program locally over time. The program includes a family-based intervention run over 10 weeks by a team of Aboriginal and non-Aboriginal leaders.

This is part of the [NSW Healthy Children Initiative \(HCI\)](#).

HCI: Healthy supported playgroups/ Out of School Hours Care (OSHC)

In collaboration with the NSW Office of Preventive Health, the Health Promotion Service is committed to establishing partnerships with local SESLHD [Supported Playgroups](#) and Out of School Hours Care (OSHC) services. Our goal is to contribute to a reduction of the NSW prevalence of overweight and obesity in children whom access these services. The focus will be on education and awareness raising of staff about healthy food provision and physical activity which will be implemented by resource dissemination, follow up support with each service and evaluation to monitor outcomes.

This is part of the [NSW Healthy Children Initiative \(HCI\)](#).

HCI: Live Life Well @ School

[Live Life Well @ School](#) is a joint initiative between the NSW Department of Education and NSW Ministry of Health to get more students, more active, more often and promote healthy eating habits. Live Life Well @ School encourages and supports schools to adopt a range of 'Desirable Practices' to promote healthy eating, physical activity and enhance students' movement skills. Focus areas of the program include curriculum planning and professional development to enhance teachers' knowledge, skills and confidence in teaching nutrition and physical activity both as part of the K-6 Personal Development, Health and Physical Education (PDHPE) syllabus; whole-school approach to supportive environments for healthy eating and physical activity which are consistent with school policies and classroom teaching while also encouraging community links; support for school canteen managers and staff to ensure their menu meets the [NSW Healthy School Canteen Strategy](#) requirements; and parent/family engagement strategies

to support services to pass on key messages to families and help families (eg kindy orientation, healthy lunchbox information, [Crunch & Sip®](#) promotion)

This is part of the [NSW Healthy Children Initiative \(HCI\)](#).

HCI: Munch & Move®

The [Munch & Move®](#) program aims to promote and encourage healthy eating and physical activity habits and reduce small screen recreation in young children aged birth to 5 years who attend NSW early childhood education and care services. Munch & Move® offers professional development for educators, practical resources to support the development and implementation of service level policies and practices promoting healthy eating and physical activity and limiting small screen time and support from Local Health District health professionals.

This is part of the [NSW Healthy Children Initiative \(HCI\)](#).

Healthy Built Environments

Healthy Built Environments aims to inform and advocate local, state government on important of the integration of health into long and short terms planning for land use (eg green space), infrastructure development (eg active transport) and accessible to affordable fruits and vegetable, physical activities, social connectiveness and affordable housing.

Healthy Foods and Drinks Framework implementation

The NSW Ministry of Health's [Healthy Food and Drink in NSW Health Facilities for Staff and Visitors Framework](#) (the *Framework*) provides best practices guidelines to increase the availability of healthy food and drink options and aims to contribute to the health of staff and visitors of NSW health facilities. Implementation of the *Framework* is being driven at the local level, addressing the four focus areas of the food and drink benchmark including; product availability, quality, size and marketing. SESLHD has adopted a two-phased approach to implementation which will firstly see the removal of all sugar sweetened beverages in vending machines and retail outlets by 31 December 2017. Phase two will involve working towards

aligning retail outlets and vending machines in accordance with the *Framework*, to offer at least 75% healthy food and drinks and no more than 25% less healthy food and drink options by 31 December 2018.

Integrate smoking cessation into SESLHD routine clinical practice

In recognition of the important role they play in assisting smokers to quit, health professionals are encouraged to deliver smoking cessation interventions to health care clients. This includes asking about and recording smoking status prior to, or on admission to hospital and at every visit in other settings and offering brief advice and pharmacotherapy and referral to specialist support to those who need it. HPS works with clinical services to help facilitate integration of smoking cessation into routine practice.

Make Healthy Normal

[Make Healthy Normal](#) is a NSW Health campaign to motivate people to reassess their lifestyle choices and choose healthier options including choosing water as a drink and, reduce sedentary behaviour and increase the consumption of fruit and vegetables. HPS promotes the campaign locally and links this to other local strategies such as increasing the registration of people into individual behaviour change programs like Get Healthy, Get Healthy at work and Go4Fun®. HPS builds partnerships with local councils and non-government organizations to encourage the creation of health promoting environments and to promote key health messages through social media and local events.

Stepping On & Next Step

Stepping On aims to maintain the independence of participants to this free community-based falls prevention program for people over 65 years (45 years for Aboriginal people). This evidence-based program consists of the top falls prevention strategies delivered by experts in the respective fields including exercises to increase balance and leg strength, the importance of calcium and vitamin D, footwear, home hazards, medications etc. The program is based on adult learning principles and has the added benefit of reducing social isolation of the participants.

The **Next Step** exercise program is a follow-on group exercise program for Stepping On graduates. This pilot program aims to evaluate whether it improves participants leg strength and balance, reduces the percentage of participants that have a fall, and increases the percentage of participants that regularly attend a strength and balance-based exercise class and/or regularly do exercises that focuses on strength and balance. It was conducted for 20 weeks to encourage participants, on the completion of the program, to continue to engage in regular exercise that improves strength and balance. Groups were conducted in both English and Cantonese.

Place-based in in Randwick local government area (Maroubra)

The Place-Based Initiative in Maroubra will enhance capabilities to address the inequities in health and wellbeing that exist in this suburb of Randwick City Council. Extensive public knowledge will be collected in consultation with Maroubra residents using the [Harwood approach to community engagement](#). Research and theory of what works elsewhere, community profile data, and expressed needs will inform service requirements and the use of a multi-purpose space. A co-production asset-based approach will facilitate community action toward a shared vision, strengthen social capital in this 'place' and support community health and wellbeing.

Quit for New Life

[Quit for New Life](#) is a state-wide program in partnership with the NSW Ministry of Health and NSW Kids and Families. All Local Health Districts received four years' worth of funding to implement the program until June 2018. In SESLHD, HPS has been working in partnership with Nursing and Midwifery Services, Aboriginal Health and Drug and Alcohol Services to implement the program. The program aims to reduce smoking rates and exposure to second hand smoke among Aboriginal families. To do so, the program design is to build the capacity of clinical services to embed smoking cessation care into routine clinical practice and to provide smoking cessation care to pregnant and postnatal women who are having an Aboriginal baby. Women having an Aboriginal baby and receiving antenatal or postnatal support through hospital and community health services within SESLHD are offered, including pre and postnatal smoking cessation support, a referral to the

NSW Aboriginal Quitline, provision of free Nicotine Replacement Therapy (NRT), and ongoing support through the Quit for New Life Smoking Cessation Advisor in the home, clinic or a community setting.

The Ngandugadial (stop smoking) Project

The Ngandugadial project commenced in July 2015 and has involved close collaboration in planning and implementation between internal SESLHD partners (Health Promotion Service, HealthOne Sutherland Integrated Care Unit, and Aboriginal Health Unit) and external partners including Kurranulla Aboriginal Corporation. It focused on integrating smoking cessation into the well-established Bulbuwil Aboriginal Healthy Lifestyle program at HealthOne Sutherland Integrated Care Unit. As part of the project a smoking cessation clinic was established. Community consultation and engagement underpinned the project. A Cancer Institute NSW Evidence to Practice 2015 grant was received for an 18-month time period to implement the project.

Youth/high schools

HPS will develop strategies to work with young people. One example is the YHunger initiative which targets young people aged 12-24 who are experiencing or at risk of homelessness. Working with youth workers and services, YHunger helps disadvantaged youths to develop healthy eating and physical activity skills by training youth workers to provide healthy, nutritious food and encourage regular physical activity. Delivered through specialist youth health and homelessness services and alternate education providers.

NON-GOVERNMENT ORGANISATION (NGO) COLLABORATIONS

SESLHD administers 51 grants to the value of around \$13 million to non-government organisations (NGOs) around our District, with the aim of improving the health and wellbeing of people in the community. These funded NGOs are community based not for profit organisations which are incorporated. Health-funded NGO projects are aligned with NSW Health/Local Health District strategic directions, within a diversity of health program areas including health promotion, as below.

SHARE healthy lifestyle groups

HPS provides annual funding to SHARE for community-based exercise classes for people over the age of 50 years. SHARE offers 36 ongoing weekly exercise programs (including 11 gentle aqua classes) reaching approximately 500 people.

<http://www.share.org.au/>

Kooloora Vacation Care Project

Kooloora Community Centre opened in 1988, setting out to provide the local area with a much-needed communal space for residents in South Ward. Since that time, Kooloora remains dedicated to its initial values and goals whilst continually aiming to adapt with the ever-changing needs of the local community, to help create a safer, healthier and connected neighbourhood. The centre offers tailored programs, service support to children, families & seniors plus drop-in referral advice and guidance for all.

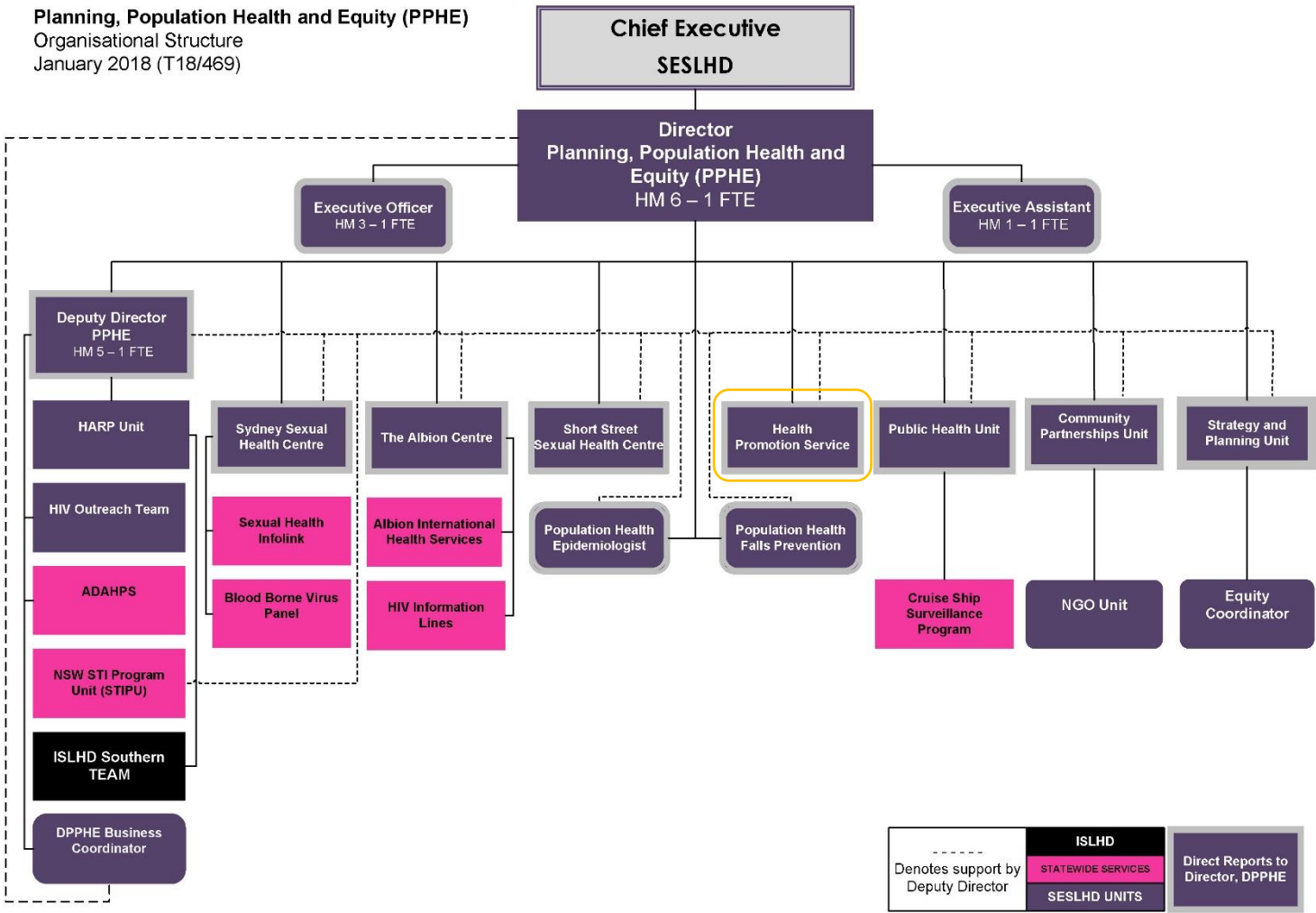
Nutrition Australia

The Health Promotion Project has been aligned to meet the objectives of the NSW HEAL Strategy (Directions 1 & 4) and the Premier's Priority Childhood Overweight and Obesity. The four main objectives of this Project are: 1) To provide nutrition education programs for parents/carers of children in primary and secondary schools; based on NSW healthy School Canteen Strategy Benchmark; 2) To support and increase awareness of NSW Health state-wide programs for healthy eating, wellbeing and overweight/obesity; 3) To strategically coordinate National Nutrition Week campaign across the state to raise the awareness of healthy eating and lifestyle choices and NSW health programs which support; and 4) To work with key stakeholders in sports, recreation centres and parks, organisations, governments and food industry to create supportive food environments and to support people to make use of these environments.

Weave Kool Kids Club

Weave's Kool Kids Club is an educational outreach and prevention program for children aged 7-13 years living in La Perouse and surrounding areas. Working with local schools, it provides free after school and holiday activity programs to support the development of resilience and life skills for children and young people.

Appendix B: Organisational charts



SESLHD Health Promotion Service

