



Health
South Eastern Sydney
Local Health District

SESLHD Health Promotion Service Overview



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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

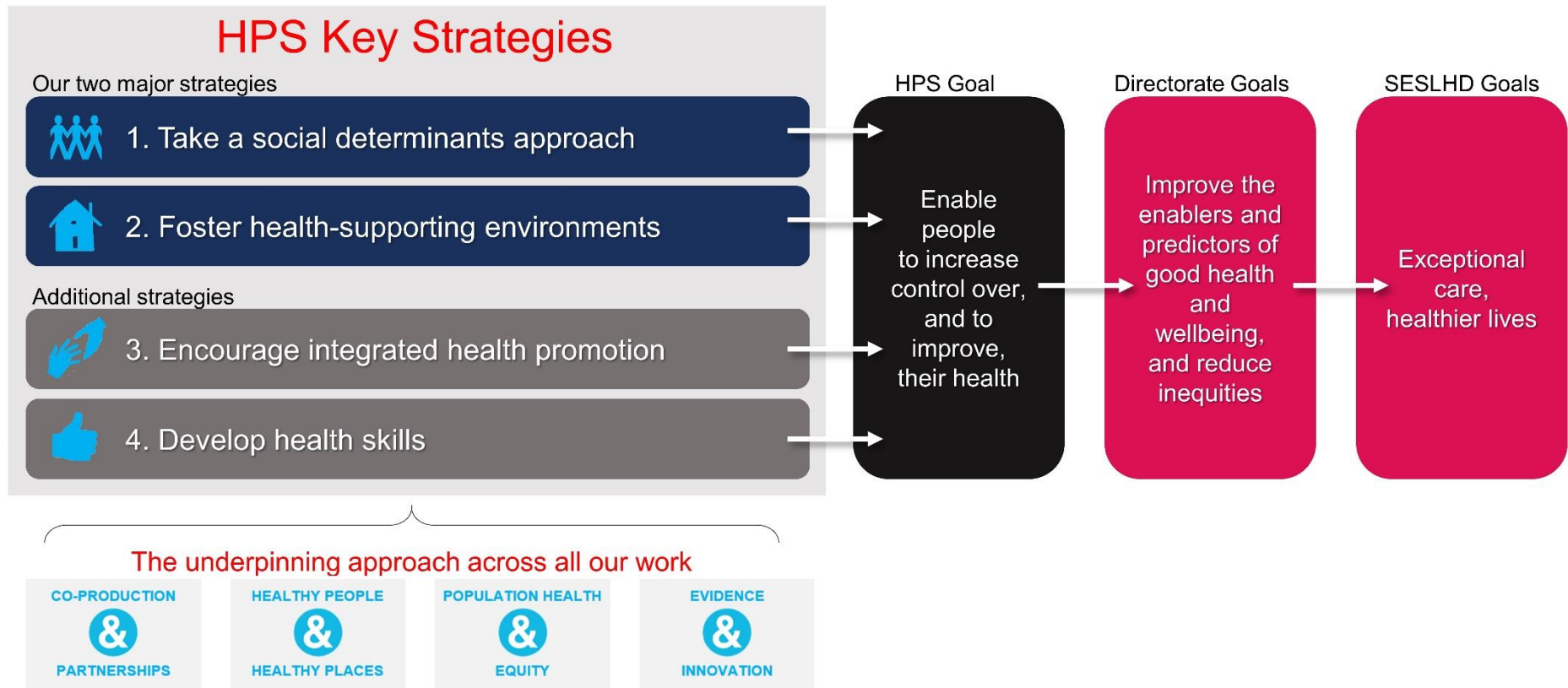
belonging, and trust⁹ – and ask how this shapes individual and community health and wellbeing. We will seek to expand our sphere of influence by working with other services and organisations to integrate health promotion into their routine practice.

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.



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