

Western Australian Health Promotion Strategic Framework 2007-2011

Executive Summary



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Executive Summary

The need for a health promotion strategic framework

Preventable chronic diseases and injury are major causes of premature mortality, morbidity and disability that place a considerable burden on the Western Australian health system.

Investment in sustained, well-targeted health promotion and early intervention activities can reduce the prevalence of these conditions, delay their development and reduce associated complications, thereby improving health outcomes and reducing the burden on the health system.

The need for increased investment in, and more effective approaches to, the prevention of chronic disease and injury is a major component of the Western Australian Department of Health's *Strategic Intent 2005-2010*.

About the *Western Australian Health Promotion Strategic Framework 2007-2011*

The *Western Australian Health Promotion Strategic Framework 2007-2011* (WA HPSF) outlines the key directions for the promotion of healthier and safer lifestyles for the Western Australian population over the next five years.

A 'cluster' approach has been adopted for the prevention of chronic diseases such as cardiovascular disease, type 2 diabetes, certain cancers, chronic respiratory diseases and some musculoskeletal conditions. This approach targets a number of behavioural and biomedical risk factors shared by these conditions, namely physical inactivity, poor nutrition, smoking, harmful alcohol use and obesity. The WA HPSF also identifies priorities for action for the prevention of injury.

Not all chronic conditions are addressed in the WA HPSF. It does not address mental health promotion, sexual health and communicable disease, or screening for the early detection of cancer, which are the subject of specific strategies.

The WA HPSF is intended to complement existing national and state risk factor, healthy lifestyle, chronic disease prevention and injury prevention strategies and action plans.

The WA HPSF progresses and supports the commitments in the Western Australian Department of Health's *Strategic Intent 2005-2010* across the six key strategic areas:

- **Healthy communities** - increasing awareness of the social determinants of health and the importance of a good start in life, and identifying priorities for health promotion to promote healthy lifestyles and empower communities and individuals to adopt healthier lifestyles.
- **Healthy leadership** - providing a vision for the prevention of chronic disease and injury, and identifying opportunities for WA Health to advocate for prevention at national, state and regional level.
- **Healthy partnerships** - identifying the need for strong relationships and collaboration with other agencies inside and outside the health system, at national, state and local level, to ensure the effective delivery of the integrated multi-component programs needed to change behaviour.
- **Healthy hospitals** - identifying a greater role for hospitals and health services in prevention and early intervention and for better links with risk reduction services outside the acute sector.
- **Healthy workforce** - improving the skills, capacity and willingness of the health sector to engage in prevention through risk assessment and health promotion.
- **Healthy resources** - identifying the need for longer-term planning and resource allocation for prevention to allow sustained effort and sustainable and equitable access to health promotion programs and interventions.

Health promotion approaches

The WA HPSF is underpinned by two key health promotion approaches:

1. Broadening the scope of health promotion

There are significant opportunities for health gain through the use of health promotion approaches in the development and management of chronic disease and injury. Risk reduction or prevention approaches can reduce the risk of injury or disease, prevent or delay the development of disease among those at higher risk, minimise complications and improve health outcomes associated with both established chronic disease and injury.

A population based approach has been taken to ensure that appropriate prevention activities occur across the continuum from wellness to ill health, for the overall population, specific sub groups and individuals at greater risk of harm. This whole-of-system approach shares the responsibility for health promotion across the health system.

2. A comprehensive approach to health promotion

The WA HPSF encourages a comprehensive approach to the prevention of chronic disease and injury, which includes:

- Population-based policy and legislative approaches to create environments that support better health.
- Lifestyle and behavioural approaches that improve health communication, health education and skills in community and health care settings.
- Increasing community capacity to take action.

Future directions

Over the next five years, the promotion of healthy and safer lifestyles in Western Australia will focus on six priority areas, which are underpinned by a number of key strategic approaches, priority population groups, intervention types and settings for action. The key outcomes desired from this approach are a decrease in the morbidity and premature mortality associated with chronic disease and injury, and a reduction in health inequalities.

Priority areas

Preventing smoking	Healthy eating	Physical activity
Healthy weight	Low risk alcohol use	Preventing injury

Key strategic approaches

Culturally appropriate approaches for Aboriginal people	Greater targeting of populations at most risk of harm to address health inequities	Stronger partnerships to address the social and other determinants of health	More integrated and comprehensive approaches
A mixture of population level and individual level approaches	Emphasis on creating environments that support healthy lifestyles and reduce the risk of injury	More systematic early detection of increased risk of chronic disease	Balance evidence-based approaches with innovation and evaluation
Develop programs to match the conditions and needs of local communities	Build sustainable resources to support sustained effort Enhanced prevention throughout life, starting early	A focus on shared behavioural risk factors for preventable chronic disease/injury	Enhanced health promotion for those identified at high risk of or with chronic disease

Types of interventions	Priority population groups
<ul style="list-style-type: none"> ■ Social marketing and mass education ■ Education and skill development ■ Environmental supports ■ Legislation and related policy ■ Community action/capacity building ■ Early detection of high risk ■ Prevention in clinical settings ■ Safer products and settings ■ Advocacy ■ Sponsorship 	<p>Whole of population</p> <p>Specific life stages</p> <ul style="list-style-type: none"> ■ Pregnant women/infants ■ Children ■ Young people ■ Adults ■ Older people <p>Higher risk groups</p> <ul style="list-style-type: none"> ■ Aboriginal people and communities ■ Lower socioeconomic groups ■ Rural and remote populations ■ People at high risk of injury or disease ■ People with chronic disease
Organisational implementation/ enabling factors	Outcomes
<ul style="list-style-type: none"> ■ Leadership, policy and strategic planning ■ Partnerships, integration and coordination ■ Workforce capacity building ■ Monitoring, surveillance and research 	<p>↓ morbidity and premature mortality in WA associated with chronic disease and injury:</p> <p>Chronic disease: ↓ harmful lifestyle behaviour ↑ supportive environments ↓ lifestyle related disease ↑ early detection of risk ↓ disease progression</p> <p>Injury: ↓ injury ↓ severity/harm from injury ↓ risky behaviour ↑ safety of environments/products</p> <p>↓ inequalities in health associated with lifestyle, chronic disease and injury</p>
Settings for action	
<ul style="list-style-type: none"> ■ Communities and families ■ Schools/child care ■ Sport, recreation and leisure ■ Public spaces/playgrounds ■ Workplaces 	<ul style="list-style-type: none"> ■ Institutional care ■ Local government ■ Hospitals ■ Transport ■ Primary health services

Key strategic directions

The WA HPSF identifies six future directions for health promotion action, each with a number of strategic directions:

Preventing smoking

- Effectively monitor and enforce legislative controls on the sale, supply, advertising and promotion of tobacco.
- Increase the urgency of stopping smoking and of protecting others from exposure to second-hand smoke.
- Reduce exposure to second-hand smoke.
- Improve access to smoking cessation support across the continuum of health care and the community.
- Discourage uptake of smoking by young people.
- Broader community engagement in tobacco control interventions and issues.
- More innovative programs to address smoking among Aboriginal people and other high-risk groups.

Healthy eating

- More equitable access to affordable, nutritious and safe food.
- Increase appropriate breastfeeding of infants and introduction of complementary foods.
- Increase community awareness of the recommended types and amounts of foods and drinks to consume and the benefits of healthy eating.
- Increase knowledge and skills to adopt a healthy diet.
- Develop settings and environments that support healthy nutrition.
- Increase risk assessment, early identification, brief intervention and referral to nutrition services.

Healthy weight

- Integrate nutrition and physical activity approaches.
- Increase community awareness of healthy weight, the benefits of healthy weight, the health risks associated with overweight and obesity and how to prevent weight gain.
- Increase parents' ability to establish healthy eating and physical activity behaviours among children early in life.
- Build community engagement, capacity and motivation for local action to address environments and lifestyles that support overweight and obesity.
- Increase risk assessment, early identification and brief intervention to prevent weight gain among those identified at increased risk of chronic disease.
- Early reversal of small unhealthy weight gains.
- Work with sectors outside health to develop policy and programs addressing the determinants of obesity.

Physical activity

- Increase community awareness of the need for an active lifestyle and appropriate levels of physical activity to promote good health.
- Create physical environments that provide opportunities for increased physical activity.
- Develop organisational environments/settings that provide opportunities for increased physical activity.
- More culturally relevant community based physical activity programs and services for priority and high risk populations and groups.
- Increase risk assessment, early identification, brief intervention and referral to community physical activity services and programs.

Low risk alcohol use

- Appropriately regulate the physical availability of alcohol.
- Reduce community acceptance of drunkenness and associated behaviour.
- Increase the responsible service, marketing and promotion of alcohol.
- Increase risk assessment, early identification and brief intervention for those consuming alcohol at potentially harmful levels.
- Advocate for alcohol pricing that limits harmful alcohol consumption.

Prevention of injury

- Reduce falls and related harm in older people.
- Reduce falls, accidental poisoning and burns and scalds in children.
- Reduce road trauma, particularly among young males.
- Reduce drowning and near drowning in children and adults.
- Contribute to reducing the harm from violence and assault.
- Reduce injuries in males from falls and DIY injuries.

Organisational enabling and implementation factors

A number of organisational and system-level changes are needed to underpin the implementation of the strategic directions:

Leadership, policy and strategic planning

- Engage with a broad range of agencies to influence the development of policy, legislation, environments and infrastructure to support healthy lifestyles and prevent injury.
- Continue to influence national health policy.
- Lead broader workplace reform through the implementation of healthy lifestyle policies.

Partnerships, integration and coordination

- Collaborate to address factors that impact on social disadvantage and the social/other determinants of disease/injury.
- Better link policy and program development.
- Develop local partnerships to facilitate community based program implementation.
- Work with local communities to foster leadership and community empowerment.
- Develop greater linkages, consistency and synergy between statewide and local activities.
- Better link initiatives and services targeting behavioural risk factors.
- Include community representatives in partnerships and decisions that impact on lifestyle and other determinants of health and injury.

Workforce capacity building

- Strengthen and sustain health service support for health promotion activities.
- Build health professionals' knowledge of health promotion practices key behaviour risk factors.
- Review and adapt screening tools, educational support and referral materials about locally available lifestyle services.
- Build capacity of health professionals to undertake lifestyle risk assessment, brief interventions and referrals.
- Build Aboriginal Health Workers' capacity to undertake health promotion activities.
- Improve skills in working with Aboriginal people in the non-Aboriginal health workforce.
- Build capacity to develop programs for people from culturally diverse backgrounds.
- Negotiate for the inclusion of healthy lifestyle risk reduction/brief intervention training in relevant courses.

Monitoring, surveillance and research

- Maintain and improve risk factor monitoring systems.
- Improve monitoring and reporting in priority groups.
- Improve injury reporting surveillance.
- Develop a better evidence base for effective interventions.
- Identify how health promotion programs can better address social determinants.

The WA HPSF does not attempt to prescribe specific actions for health services but rather to identify priority areas for action by the Western Australian health system at a statewide and community level.

Implementing this agenda will require long-term commitment and the involvement of all parts of the health sector. It is expected that progress will be made towards all the actions outlined in five years.

A key action for implementation will be the development of suitable information and reporting mechanisms to monitor the outcomes outlined in the WA HPSF.



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