Strategy
and Business Plan

2020-24

Healthy Cities. Healthy People.

World Health Organization

We are part of a United Nations World Health Organisation Global Movement.
Member of the Alliance for Healthy Cities, WHO Western Pacific Region.

Table of Contents

Contents

1. Preface

Healthy Cities Illawarra has serviced the local government areas of Wollongong, Shellharbour, Kiama and Shoalhaven since 1987 – around 400,000 people live in this region.

1.2 The Health of our Region

Chronic Disease

A chronic disease is one characterised by long lasting and cumulative effects, as opposed to acute conditions which are usually more severe, come on quickly and are usually brief. Chronic diseases may be asymptomatic, have multiple and complex causes and develop over a long period of time. These include:

- Cardiovascular conditions (such as coronary heart disease and stroke)
- Cancers
- Mental health conditions (such as depression and anxiety)
- Diabetes
- Respiratory diseases (including asthma and chronic obstructive pulmonary disease)
- Arthritis, osteoporosis and other musculoskeletal conditions
- Chronic kidney disease
- Oral diseases (such as tooth decay and gum disease).

Half of the Illawarra Shoalhaven LHD's population have at least one of the 8 common chronic conditions, which can sometimes occur together (co-morbidity). Collectively they contribute to more than 60% of the disease burden in this region (ISLHD, 2019).

There are lifestyle and biomedical risk factors associated with the likelihood of the onset and development, and then management of chronic diseases:

- Tobacco use – 12% of our region's population are current smokers
- Overweight/obese – over 60% of our population
- Excessive alcohol consumption – contributes 5% of the total disease burden in our region
- High blood pressure – 30% of our population have hypertension
- Physical inactivity – 30% of our population are not doing enough

(ISLHD, 2019)

Prevention of chronic disease is recognised as a critical part of a future healthy community. Healthy Cities will work to keep our population out of hospital by delivering programs and activities which address risk factors and change behaviour. The integrated messages and programs we provide transcend multiple chronic diseases – they have similar or same risk factors. For example, the promotion of the consumption of water instead of high calorie drinks combats work towards the prevention and control of diabetes, tooth decay and overweight; the latter of which is in turn a risk factor for cardiovascular diseases.

Social Determinants of Health

The World Health Organisation (WHO) has described social determinants as:

"...the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces" (CSDH, 2008).

Social determinants of health are recognised at every level of Australia's health system as complex, interdependent and critical influencing factors to the health of individuals and communities. They include income, education, employment and social support. The Australian Institute of Health and Welfare has referred to social determinants as the 'causes of the causes' (Australia's Health, 2016), meaning that the socio-economic conditions and experiences of individuals, families and communities directly affects and determines their health.

1.3 Socio Economic Indexes for Areas (SEIFA)

SEIFA is a suite of indexes that have been created by the Australian Bureau of Statistics (ABS, 2016) from social and economic Census information. A SEIFA low score indicates relatively greater disadvantage in general (eg: higher proportion of people with low incomes, low skill occupations, social housing etc). A SEIFA high score indicates a relative lack of disadvantage in general (E.g: few households with low incomes, low skilled occupations, higher private home ownership).

Wollongong SEIFA (2016)	989
Shellharbour SEIFA (2016)	976
Kiama SEIFA (2016)	1,064
Shoalhaven SEIFA (2016)	964

Note that the NSW extremes are marked by Brewarrina 757 and Ku-ring-gai 1,121.

Some communities in the Illawarra and Shoalhaven are amongst the most disadvantaged in NSW, specifically;

Corrimal – Tarawanna – Belambi (Wollongong City Council)	Aboriginal	**3.7%**
	Aged 65+	**17.7%**
	Culturally and Linguistically Diverse (CALD) **11.2%**	
Berkeley – Warrawong – Windang (Wollongong City Council)	Aboriginal	**5.0%**
	Aged 65+	**20.8%**
	CALD	**7.4%**
Warilla (Shellharbour City Council)	Aboriginal	**5.0%**
	Aged 65+	**20.5%**
	CALD	**11.5%**

Nowra (Shoalhaven City Council)	Aboriginal	**10.8%**
	Aged 65+	**16.6%**
	CALD	**4.7%**
St Georges Basin – Erowal (Shoalhaven City Council)	Aboriginal	**5.9%**
	Aged 65+	**28.6%**
	CALD	**4.8%**

Illawarra Shoalhaven LHD (2019) *It's Your Health That Matters – Health Care Services Plan 2020-30*

For completeness, the Kiama Municipal Council area has

Aboriginal: 1.8%

Aged 65+: 23.4%

1.4 UN Sustainable Development Goals (SDGs)

The SDGs are a universal call to action to end poverty, protect the planet and improve the lives and prospects of everyone, globally. The 17 Goals and 169 targets were adopted by all UN Member States in 2015, as part of the 2030 Agenda for Sustainable Development which set out a 15-year plan to achieve the Goals. Healthy Cities Illawarra will incorporate relevant goals and targets in its' programs as well as promote them more broadly and support partner agencies in the uptake of deliverable actions to work towards the SDGs.

1. No Poverty
2. Zero Hunger
3. Good Health and Wellbeing
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitisation
7. Affordable and Clean Energy
8. Decent Work and Economic Growth
9. Industry Innovation and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Climate Action
14. Life Below Water
15. Life on Land
16. Peace, Justice and Strong Institutions
17. Partnerships for the Goals

2. The Healthy Cities Approach

2.1 The Ottowa Charter for Health Promotion

The first international Conference on Health promotion took place in Ottawa, Canada 21st November 1986. It states that, "Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being".

The five constructs of health promotion actions are:
1. Build Healthy Public Policy
2. Create Supportive Environments
3. Strengthen Community Action
4. Develop Personal Skills
5. Reorient Health Services

2.2 WHO Healthy Cities

"A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and developing to their maximum potential" Health Promotion Glossary (1998)

Evaluations of Healthy Cities programmes have proven them successful in increasing understanding of health and environment linkages and in the creation of intersectoral partnerships to ensure a sustainable, widespread programme. The most successful Healthy Cities programmes maintain momentum from:

- the commitment of local community members;
- a clear vision;
- the ownership of policies;
- a wide array of stakeholders;
- a process for institutionalizing the programme.

2.3 The Alliance for Healthy Cities

The Alliance was founded October 17, 2003 at the First Organisational Meeting, an inaugural meeting held at the World Health Organisation Regional Office for the Western Pacific in Manila,

Philippines. The Alliance for Healthy Cities is an international network aiming at protecting and enhancing the health of city dwellers. There are over 180 members in countries from Australia, Japan, China, Vietnam, Cambodia, Malaysia, Republic of Korea, Mongolia and the Philippines.

2.4 Healthy Cities Illawarra

1.1.1. Our Vision

"We support and promote actions which develop social, economic and sustainable natural environments conducive to good health and wellbeing for the communities of the Illawarra and Shoalhaven"

1.1.2. Our Values

Integrity, Collaboration, Equity, Inclusivity

3. The current policy environment

Our work is guided and informed by the following state and regional plans and agreements:

3.1 NSW Policies

3.1.1   NSW Health – NSW Health State Plan - Towards 2021

3.1.2   Premier's Priority Areas

3.2 Our Region

3.2.1   ISLHD Health Care Services Plan 2020-30

3.2.2   Community Strategic Frameworks of the Local Government Areas

3.2.3   Memorandum of Understanding – Illawarra Shoalhaven Joint Office

4. Healthy Cities Illawarra Strategic Framework 2020-24

4.1 Priority Areas (Health Deliverables)

4.1.1 Prevention and Control of Chronic Disease

Objective	Planned Actions	Responsible Officer
Increase Physical Activity	Contribute to policy and advocacy work for urban environments to enable walking and cycling as part of a connected Healthy City. Continue to develop, plan, implement and evaluate community-based programs and	CEO/Project Manager – Physical Activity (proposed position)

	events which encourage and support increased physical activity across all ages and demographics. Use our strategic communication methods and partnerships to provide relevant, accurate information to the community regarding access to paths, green space, sporting groups and community programs.	
Improve Nutrition	Contribute to policy and advocacy work for food system reform and access to fresh, healthy food via Fair Food Illawarra. Develop and promote local strategies, activities and messages to promote the consumption of water. Continue to develop, plan, implement and evaluate community based programs which provide nutrition education, development of cooking skills and social support. Use our strategic communication methods and partnerships to provide relevant, accurate and up to date information to facilitate healthy food systems and individual choices.	Health Promotion Officers – Community Nutrition and Food Security
Contribute to Closing the Gap in Aboriginal and Torres Strait Islander communities	Develop and implement an organisational Reconciliation Action Plan (RAP), endorsed by Reconciliation Australia.	CEO

	Identify local Aboriginal organisations and collaborate with and ensure access to Healthy Cities' community programs and that they are delivered in a culturally sensitive way. Ensure collaboration with other service providers to provide a network of targeted programs for disease prevention in Aboriginal communities.	
Contribute to emotional and social wellbeing (mental health prevention strategies)	Continue to develop, plan, implement and evaluate community based programs which provide activities and strategies to develop individual and community resilience, reduce stigma and provide opportunities for social connection and support.	CEO/Program Manager, Wellbeing
Address other lifestyle and biomedical risk factors	Develop partnerships, programs and activities which increase awareness of: • High blood pressure • Tobacco use • Alcohol consumption	CEO

4.1.2 Participation

Objective	Planned Actions	Responsible Officer
Increase social participation	Ensure that all programs incorporate elements of social participation Provide opportunities for engagement through volunteering and 'pop up' market stalls	Health Promotion Officers

Objective	Planned Actions	Responsible Officer
	Explore creative arts and cultural opportunities for activities and events which complement and enhance our mission.	
Increase community connectedness	Collaborate with other organisations, local governments etc. to integrate new and established initiatives to: • Activate public spaces • Provide links and 'soft entry' into local services and facilities • Bring people together	CEO/Health Promotion Officers
Increase environmental action	Provide and promote opportunities for education and action on environmental issues which affect: • A fair and healthy local food system • Natural resources • Access to green spaces and increased tree canopy • Pollution and waste management	CEO/Health Promotion Officers

4.1.3   Sustainability

Objective	Planned Actions	Responsible Officer
Increase awareness of 'sustainable' practices for everyday life	Explore, develop and initiate communication methods to highlight benefits of sustainable approaches to promote health. Provide and promote opportunities for education, information and action on: • Running healthy and sustainable events and activities • Ethically grown food • Food Waste • Reducing single use plastics • Recycling, re-using, composting etc.	CEO/Health Promotion Officers/Marketing and Communication Officers

	• Water usage	
Contribute to the evidence base of the UN SDGs in practice through Research and Evaluation	Maintain, develop and promote our research partnerships with the University of Wollongong. Work with local governments and other organisations/businesses in understanding and applying SDG targets.	CEO

4.1.4 Partnerships

Objective	Planned Activities	Responsible Officer
Increase our engagement and impact	*Links with **Marketing and Communications Strategy** – growth of website and social media engagement, visibility and credibility in community etc. Provide opportunities for community and stakeholder consultation and feedback. Review and pilot a comprehensive new Membership Program. Maintain and improve our volunteer programs including UOW and TAFE student placements and internships. Ensure a collaborative approach underpins all program planning, delivery and evaluation: • Consultation • Co-design • Communication • Collective Impact	CEO
Monitor and measure the effectiveness of our partnerships	Review formal partnerships' Terms of Reference, Advisory/Steering Groups, Memorandums of Understanding etc. to ensure ongoing relevance and significance.	Health Promotion Officers

	Review the outputs of established networks and partnerships; promote and develop as required.	
	Seek to consolidate new partnerships and actively seek operational and financial opportunities to strengthen them.	

4.2 Priority Areas (Business and Infrastructure)

4.2.1 Marketing and Communications

Objective	Planned Action	Responsible Officer
Create and consolidate marketable brand identity at organisation and program level	Continue to develop, plan, implement and evaluate best practice strategies and policies to increase brand awareness and compliancy. Facilitate brand training and workshops with team to help communicate HCI's overall message and promote business objectives. Work with team to create consistent and uniformed brand collateral across all levels and programs of HCI. Develop user-friendly brand assets and applications for team implementation (Digital forms, Canva etc.).	Marketing & Communications Officer
Develop, implement and evaluate marketing and communications plans and strategies to promote health, including the health of the environment	Continue to use and evaluate our marketing and communications tools and strategies to provide relevant, accurate information to our community and stakeholders. Develop and implement a HCI media strategy for reactive and proactive opportunities.	Marketing & Communications Officer
Promote accurate, credible and timely information on disease prevention and other relevant information	Use our strategic communication tools and strategies to demonstrate the success of our work in the prevention and control of disease. Develop and promote local strategies, activities and messages to promote the prevention and control of disease.	Marketing & Communications Officer/Health Promotion Officers

Objective	Planned Actions	Responsible Officer
	Continue to increase awareness, engagement and the relevancy of the HCI brand in disease prevention. Increase our presence and 'Healthy Check-In Tent' at relevant community events.	
Promote accurate, credible and timely information on Healthy Cities' activities, outcomes and impacts	Create HCI collateral, fact sheets and infographics to be utilised across marketing and communication channels. Increase our storytelling and develop a HCI case study database to profile local people or organisations impacted by our work.	Marketing & Communications Officer

4.2.2 Business Operations

Objective	Planned Actions	Responsible Officer
Review and refine Human Resource policies and procedures (P&P)	Scope the feasibility and viability of engaging an external HR consultancy firm to 'outsource' key functions and provide support for others. Ensure P&P are up to date with all relevant legislation. Refresh our HR Manual ensuring it is accessible and user-friendly; review it's format and location. Refresh our organisational structure, recruitment, reward and retention strategies. Ensure Volunteer Management systems and practices adhere to Australian Standards; refresh our Volunteer Information; review it's format and location.	CEO/Office Manager
Continue to develop a high performing workforce and organisational culture	Scope the feasibility and viability of strategic new positions in Physical Activity, Sustainability and Community Relationship Management. Professional development appraisals and planning to: • Provide supervision and support	CEO

	• Identify areas for training and skill development • Work towards career development and trajectory Ensure staff are trained and supported in: • trauma informed practices • mental health awareness • culturally sensitive language and practices	
Enhance IT systems, training and support	Review current systems and support provided by external agencies. Invest in excellent Customer (Community) Relationship Management (CRM) systems. Identify training and development requirements for staff to engage with technology in a greater capacity.	CEO/Office Manager/ Marketing & Communications Officer
Reposition our organisation's sustainable business model to ensure community investment and engagement	Review our position, systems and support for auspiced groups • SWOT analysis • Financial accounting and grant management • Insurance • Feedback and communications Review the current Membership Structure of the organisation. Review our potential for revenue raising and income diversification. Ensure that business operations work towards the achievement of the UN SDG targets and indicators such that Healthy Cities' 'walk the walk'.	CEO/Treasurer
Ensure effective Finance Procedures	Ensure adequate and effective practices and reporting mechanisms to maintain compliance with relevant legislation, financial and governance regulations.	CEO/Treasurer
Increase revenue and program reach from external grants	Continue to scope and prepare projects ready for grant applications.	CEO

| | Review our processes for monitoring Grant Opportunities, writing applications and identify areas for improvement.

Work in partnership with key collaborators for joint funding applications. | |

4.3 Priority Populations

4.3.1 Those who suffer greatest disadvantage

Healthy Cities will work for the health of the whole population, whilst focusing on vulnerable communities due to social and economic circumstances (see pages 6-7), Aboriginal communities and organisations, newly arrived and former refugees and those people and organisations from culturally and linguistically diverse (CALD) communities.

4.3.2 Children aged 9-12

The 'in betweens' years is of great change and transition for children; emotionally, mentally, physically. They are growing in independence, transitioning to high school, navigating social media and other peer relationships. Healthy Cities will endeavour to maintain excellent, community based and evidence based programs to support the emotional and holistic wellbeing of children and increase their capacity for healthy lifestyle decisions, resilience and social connections.

4.3.3 Aged

Healthy Cities will continue to work in partnership with other agencies and networks to support an increasing proportion of the population aged 65+. This may include programs which prevent falls, prevent and control chronic diseases, including dementia, support self-management and ensure that older people remain socially connected to their families, friends and community.

4.4 Priority Settings

A health promotion approach can be broken down into settings, demonstrating that it is things outside the 'health sector' which keep people healthy.

4.4.1 Traditional and Social Media

Healthy Cities will endeavour to increase our media and communications engagement as a central strategy to promoting the health and wellbeing of the Illawarra Shoalhaven (refer also to Media and Communications Plan).

4.4.2 Local Government

Healthy Cities will continue to work in partnership with local government, through their Integrated Planning and Reporting frameworks, particularly Community Strategic Plans. We will offer collaborative, authentic partnership and support in policy development that enables infrastructure, information and activities such that the healthy decision is the easy decision for our communities.

4.4.3 Small to Medium Workplaces

Healthy Cities will scope the potential to partner with small to medium workplaces and offer workplace programs and advice which may include physical activity for sedentary workers, physical activity for team building, managing waste, healthy food and beverage policies and ethical procurement.

4.4.4 Education sector

Healthy Cities will scope the potential to partner with primary and secondary schools, TAFE and the University of Wollongong in support of evidence based programs, events and activities which contribute to the interconnected nature of a Healthy City and ensuring that prevention and health promotion messages and strategies are consistent and locally relevant.

4.4.5 Community

Healthy Cities will be proactive in seeking opportunities to build our relationships within Wollongong, Shellharbour, Kiama and Shoalhaven such that local organisations and individuals perceive our organisation as a credible and trusted source of information, support and pathway for health and vitality.

References:

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