Health Promotion for North Dublin City & County

Strategy & Action Plan
CONTENTS

FOREWORD ................................................................. 3

OVERVIEW OF STRATEGY ............................................. 4

POLICY CONTEXT - INTERNATIONAL, NATIONAL AND REGIONAL ............................................. 5

WHY PROMOTE HEALTH? ............................................... 6

DETERMINANTS OF HEALTH AND HEALTH INEQUALITIES ..................................................... 12

PARTNERSHIP FOR PROMOTING HEALTH .......................................................... 13

STRATEGIC PRIORITY 1 .................................................. 14

STRATEGIC PRIORITY 2 .................................................. 16

STRATEGIC PRIORITY 3 .................................................. 17

STRATEGIC PRIORITY 4 .................................................. 18

STRATEGIC PRIORITY 5 .................................................. 19
The development of this strategy is the work of the NAHB health promotion team 2003/2004. All of the team look forward to the implementation of the objectives agreed and, in collaboration with other agencies, will endeavour to improve the health and quality of life for people living in the region.
Considerable advances have been made in progressing health promotion developments in the Northern Area since the health promotion service commenced in 2001. Health Promotion services have been developed incrementally to meet the needs specifically identified in this region. The main priorities for the strategic development of the service since then have been consulting with other service providers, communities and groups within the population; identifying and prioritising the target areas for health promotion interventions and consolidating the service. This strategy and action plan will combine previous work and advance health promotion provision from 2004.

In developing this strategy the Health Promotion Service acknowledges the scale and scope of the Health Service reform performance. Governance arrangements for all areas of the health services will change with the introduction of the new structures. However the actions outlined in this document will still be relevant in addressing health promotion targets outlined in all national and regional strategies for this catchment area. The service looks forward to working within the reform structures with others to improve the health of people in North Dublin City and County.

A priority for health promotion is to ensure it continues to be a key influence across all pillars of the reform so that there continues to be a strong focus on health improvements in all aspects of health service delivery. Health Promotion is everybody's business. To this end, the Health Promotion Service will work in partnership with all services to improve the health of the population in the Northern Area. To be effective in achieving better health for everyone, there will be a strong focus on integrating health promotion into all service delivery.

A major challenge for the service is to deliver on priorities emanating from national and regional strategies within the context of finite resources. Therefore we are setting very focused targets while working within settings and community action zones where need is most acute. We are also targeting specific priority population groups and topics. This document will be accompanied by an annual operational plan for 2004. When the reform process happens, a stocktaking exercise will be undertaken to outline progress achieved and action required to meet remaining targets within the new structures.

Maria Lordan Dunphy
Director
Health Promotion Service
OVERVIEW OF STRATEGY

The goal of the Health Promotion Service is to work with all partners in the region, both within the health services and with other sectors to improve the health and quality of life of people in the region.

Five strategic priorities guide the work of the Health Promotion Service in this strategic plan. Each priority has a number of objectives and will be pursued through the following specific actions.

Priority 1
- Promote and support healthy lifestyle choices mindful of the determinants of health and giving priority to interventions aimed at addressing health inequalities.

Priority 2
- Develop, maintain and support effective multi-sector partnerships for promoting health in the NAHB region focused particularly on the determinants of health, inequalities in health and healthy public policy.

Priority 3
- Support the integration of health promotion into service delivery across all services of the Board and all care groups including childcare, older persons, disability, acute hospitals, primary care, social inclusion, mental health and addiction.

Priority 4
- Monitor and evaluate the performance and impact of health promotion interventions.

Priority 5
- Strengthen the capacity of the Health Promotion Service to deliver an efficient and effective service. This will be reflected in management and operational procedures in accordance with best practice and in a work culture of openness and partnership.
The strategic direction of health promotion in the Northern Area is guided by national and international health promotion policies particularly the most recent Health Promotion Strategy 2000-2005 (Department of Health and Children 2000).

This strategy incorporates recommendations outlined in:

- Quality and Fairness: a Health System for You - The National Health Strategy (Department of Health and Children, 2001)
- Primary Care: a New Direction (Department of Health and Children, 2001)
- The National Children's Strategy (Department of Health and Children, 2000)
- A Plan for Women's Health (Department of Health and Children, 1997)
- Report of the National Task Force on Suicide (Department of Health and Children, 1998)
- National Drugs Strategy 2001-2008: Building on Experience (Department of Tourism, Sport and Recreation, 2001)
- Adding Years to Life and Life to Years a Health Promotion Strategy for Older People (National Council on Ageing and Older People - Report number 50, 1998)
- The National Anti-Poverty Strategy (Department of Social Welfare, 1998)
- Health Promotion in the Workplace: Healthy Bodies, Healthy Work (Department of Health and Children 1996)

We are also mindful of recommendations from regional strategies and reports:

- Heart Health Action Plan (Eastern Regional Health Authority 2003)
- Alcohol Services: Agenda for Action: Developing an Integrated and Enhanced Response (Eastern Regional Health Authority 2003)
- The Health and Dental Needs of Homeless People in Dublin (Northern Area Health Board 2001)

In addition, local strategies are currently in development within our own service based on consultation with a wide range of stakeholders. These are in the areas of youth health promotion, suicide prevention and alcohol.
Health Promotion is "the process of enabling people to increase control over and to improve their health". It ensures that all individuals and communities have the opportunity to achieve and maintain health in a positive way. It also means addressing factors and conditions that have an influence on health but may be outside the control of the individual, including environmental, economic and social conditions.

**Practice in Ireland**

In Ireland, health promotion practice is guided by national and international policy developments. The World Health Organisation held its first international conference on health promotion in Ottawa, Canada in 1986. It produced what became known as the *Ottawa Charter for Health Promotion*. Guided by the Charter, our practice of health promotion aims to develop innovative, practical approaches to health promotion issues by:

- Building Healthy Public Policies that advocate improved health – for example, legislation that restricts smoking in public places.
- Re-orienting the health services from a curative focus to one that prevents ill health and promotes positive health. The Health Promoting Hospitals Network supports hospitals to work together towards the acceptance of health promotion as an intrinsic part of the culture and services provided by all hospitals.
- Incorporating a community development approach to health promotion interventions, one that empowers communities to collectively improve their health. An outstanding example is the Traveller Primary Health Care Programme, where Traveller Groups provide training to Travellers as peer health care educators who can meet the specific needs of their own community.
- Developing people's personal health-related skills by helping them to identify their needs and involving them in the process of planning and evaluating health promotion programmes. This ensures that services are relevant and accessible as demonstrated by the Being Well Programme - a holistic, general health and well-being programme delivered in modules over a period of six to nine weeks to facilitate participants to make positive changes in a supportive way.
- Creating supportive environments for health through broad environmental measures such as reducing pollution and improving housing and social conditions. It can also be achieved by providing healthy choices in specific settings such as schools and workplaces – examples include healthy lunch policies and breakfast clubs in schools.

---

*Health Promotion Glossary, World Health Organisation Collaborating Centre for Health Promotion, Department of Public Health and Community Medicine, University of Sydney, Australia, 1998.*
Guiding Principles

The key principles guiding the operation of this strategy and examples of how they are applied are set out below:

○ **People Centeredness**

  Ensure that our service is appropriate, accessible and acceptable to consumers, and focuses on capacity building for individuals and communities.

  Needs assessments carried out through RAPID in the Greater Blanchardstown Area identified young people as a priority group. The Health Promotion Service, with local youth service providers, identified ways to address these issues and promote health among young people.

○ **Equity**

  Work with other partners to reduce inequalities in health.

  Research shows that refugees and asylum seekers have lower health status than the indigenous population. A multi-agency health promotion working group was set up through the three Area Health Boards to identify and respond to the particular health needs of refugees and asylum seekers.

○ **Partnership Approach**

  Develop partners to improve health, both within and outside the health sector, with a particular focus on addressing the determinants of health.

  National Smoking Cessation Action Plan involved all the Health Promotion Unit, Health Boards, voluntary partners, ASH, The Irish Cancer Society, The Irish Heart Foundation and the Office of Tobacco Control working in partnership.
Needs and Evidence Based Approach

Use a needs and evidence based approach to ensure consumer involvement and best practice in the planning and delivery of our service.

A monitoring committee was set up in St. Monica’s Age Related Health Care Facility to implement a Fall Prevention Programme. The number of falls that occurred in the two years prior to implementation was used to provide baseline data for the programme.

Integration

Use integrated approaches to planning and delivery of the services.

The Youth Health Strategy ensures that health promotion is integrated into the services of agencies that work with young people thus leading to a more comprehensive integrated approach.

Quality

Ensure high quality in all aspects of service delivery.

Monitoring and evaluation measures are incorporated into our new service plans.
Three Approaches

In recent years health promotion has evolved considerably. While it still includes health information and education it also addresses policy, facilities and the environments in which health related choices are made. Within our strategic framework, three inter-linked approaches allow choice in how to best plan and implement health promotion initiatives. The three approaches are: by topic, by setting or by population group. Which approach chosen is influenced by the health issue(s), its determinants, opportunities for action, and availability of evidence based best practice and resources. This three-way approach is already in operation – examples of current actions are given.

Topics
The topics centre on particular health issues. Our strategy includes the following topics: positive mental health, nutrition, sexual health, drug misuse, smoking, oral health, accident prevention and physical activity.

A 12-week swimming programme for older adults was developed and, through further partnership with older adult groups and the health service, 80 older adults are participating weekly in swimming lessons, aquafit and education on the benefits of physical activity.

Settings
In the settings approach, efforts are concentrated on making the setting itself a healthier place for people to live, work and play. Schools, hospitals and workplaces are examples where many actions have been initiated, but others include colleges, communities and housing estates. A settings approach to health promotion on a housing estate might mean consulting residents regarding their needs, building children’s play areas, having access to public transport, providing comfortable places to meet friends and making parenting programmes available.

Settings in the National Health Promotion Strategy Department of Health and Children 2000-2005 include schools and colleges, the youth sector, the community, workplaces, health services and prisons.

Workplace Setting
In an effort to promote physical activity in the workplace the health promotion service implemented the Lifestyle Challenge throughout health centres in the NAHB. The Lifestyle Challenge, designed by the Irish Heart Foundation, encourages employees to take regular exercise, choose an activity they enjoy and commit to participating in it over a twelve-week period. Stress management courses were also implemented aimed at introducing participants to a variety of stress management and relaxation techniques. Participants will learn stress busting techniques and how to develop a personal wellness programme.
School setting
A pilot after school project for promoting physical activity to children, aged 6-9, was held in the Mulhuddart area. After school activities were planned once a week for 8 weeks. This was a joint project between volunteers, staff from the NAHB, coaching provided through Fingal County Council funds and activities supported by the health promotion service.

Population Groups
Health Promotion may also address health issues or problems that are specific to certain groups. In this strategy a range of health promotion initiatives will continue to be developed that address the specific needs of children, women, older people, young people, men, those with disabilities, gay/lesbian community, ethnic minorities and other population groups. A community development approach underpins all work with population groups. That is, people in the community are facilitated to identify their own health needs as well as to provide the information required to support changes in health within the group.

The Health Promotion Service is engaged in a multi-agency partnership to provide training for frontline staff in homeless services based on identified needs.

The Health Promotion Service supported the appointment of a professional counsellor in Corduff allowing the community access support locally and avoid long waiting lists for counselling services elsewhere.
DETERMINANTS OF HEALTH AND HEALTH INEQUALITIES

The determinants of health are the conditions and factors that have a positive or negative influence on the health of an individual. The socio-economic status, gender, occupation, economic conditions, individual lifestyle choices, education, geographical location and ethnic grouping of the person are all examples of determinants of health. Some of these factors are under the control of the individual while others are structural and some are unchangeable. As stated in the National Health Promotion Strategy:

'The reality is that the achievement of physical and mental well-being is not the responsibility of the individual alone. People's ability to pursue good health is limited by varying degrees of skills, information and economic means. The way these determinants of health interact and the linkages between them can be of major importance.'

The diagram below shows the layers of determinants of individual health impacting on an individual.

Evidence has shown a link between socio-economic status and health. This means that while overall health may have improved in Ireland, the rate of improvement is not equal across all sections of society and evidence suggests that these inequalities are growing. For every kind of illness and disability, people in the upper socio-economic groups have a greater chance of avoiding illness and staying healthy than those in the lower socio-economic groups.

This re-enforces our assertion throughout this document that Health Promotion must work with other sectors at all levels if we are to keep people healthy. It also highlights the need for interventions across all sectors at all levels to address the factors that contribute to ill-health and promote positive health. The Health promotion Service acknowledges that the service needs to work across the whole spectrum, from wellness to ill-health in the areas of primary, secondary and tertiary prevention. However the service also has a role in advocating for measures to address the determinants of health. This is reflected in the way work is undertaken and how this strategy will be implemented.
Many factors influence and determine health, whether at the level of the individual or the wider population. People’s health behaviours are determined by the context of their everyday lives. Because the determinants of health include social, economic and environmental factors, working in partnerships with other agencies and with other parts of the health service is essential. Strategies aimed at improving health must be placed within and delivered in partnership with others who can positively influence the determinants of health.

Health promotion therefore goes beyond health care. It puts health on the agenda of policy makers, health care practitioners, communities and individuals. Health promotion strategies must be put at the core of all health strategies for the region. Hence the service works in partnership with other care areas to ensure all service plans place value on and resources into health promotion. Involvement with the Health Promotion Unit and with National Health Promotion Managers and Directors allows the service to contribute to national policy, planning and implementation of health promotion and also to share best practice and experience.

The service has established strong progressive partnerships in the northern area. This approach will continue to influence how the Health Promotion Service effects positive change in the health of individuals and communities.

**Traveller Health**

A working partnership has been formed with the Health Promotion Service and the Northside Travellers Support Group (NTSG). The partners have developed and piloted a culturally appropriate nutrition awareness module to be included in the 3rd year of the Primary Healthcare Programme. It will also support the Community Health Workers in developing culturally appropriate, low literacy resources around nutrition and health awareness. The Health Promotion Service is now represented on the Area Traveller Committee who are working to address the health priorities in the National Traveller Health Strategy.

**Bone Fun Day**

Sports days for 14 year olds were organised by the NAHB Health Promotion Service in partnership with the staff and students of the Department of Sports Science and Health in Dublin City University and the regional SPHE co-ordinator from the Department of Education. There was considerable intra-department teamwork – physical activity, nutrition, women’s health, and health promotion worked together to make the day successful.

**Prisons**

The Tobacco Management Team of the NAHB Health Promotion Service worked in partnership with the Irish Prison Service to reduce the level of smoking in the prison setting. In Ireland, 93% of male prisoners and 100% of female prisoners smoke (almost four times higher than smoking prevalence rates in the normal population).
STRATEGIC PRIORITY 1

- Promote and support healthy lifestyle choices mindful of the determinants of health and giving priority to interventions aimed at addressing health inequalities.

RATIONALE
Lifestyle choices have a direct impact on our physical and mental well-being. These choices and behaviours can be influenced by factors such as age, sex, social class, income, education, peer group pressure, work and living conditions, mental health and access to information. Because some determinants of health are outside the control of the individual – everybody is not equal in terms of socio-economic group, income, literacy or access etc. – these inequalities can make it more difficult for some people to make healthy choices and can result in poor health.

OBJECTIVES
Deliver, support and increase health promotion services that address factors that impact on health including: alcohol, smoking, nutrition, mental health, physical activity, sexual health, oral health and accident prevention.

Further develop and implement health promotion initiatives in schools and colleges, the youth sector, the community, the health service and in other workplaces and prisons.

ACTIONS

TOPICS

1.1 Support the development of smoke-free policies in workplaces and other settings and further develop education initiatives and smoking cessation services with the aim of reducing smoking prevalence at population level, and particularly among vulnerable population groups.

1.2 Further develop the strategic direction of suicide prevention and mental health promotion and implement priority initiatives for the Northern Area Health Board.

1.3 Work in partnership with relevant agencies to develop and implement strategies, policies and programmes with the aim of increasing participation in regular, moderate physical activity with a particular focus on young teenagers and older adults.

1.4 Support multisectoral alliances to develop and implement policies and programmes improving nutrition in schools, youth and community groups and workplaces with a particular focus on nutrition for children, women and the travelling community.

1.5 Support the development and implementation of a multi-disciplinary action plan to address the problematic use of alcohol within the NAHB.
1.6 Support the implementation of ERHA Sexual Health Strategy

1.7 Address factors that contribute to obesity through health promotion policy and programmes (as well as in the primary care setting) with the aim of improving quality of life, well-being, and reducing associated health risks

1.8 Develop and deliver accident prevention programmes for children and older people

SETTINGS
1.9 Identify three community action zones to be targeted incrementally over the period of the plan to develop and implement health promotion interventions in partnership with community groups, local authorities and NGOs

1.10 Develop workplace policy and programmes to enhance the health of staff employed by the Northern Area Health Board and pilot interventions in non-health sector workplaces

1.11 Develop partnerships with staff in the prison services within the region to implement health promotion programmes

1.12 Further develop and support the implementation of SPHE in primary and post primary schools

Health services are dealt with as a setting under priority 3

POPULATION GROUPS
1.13 Further progress and implement programmes that target health promotion interventions addressing the needs of travellers, asylum seekers and refugees, homeless people and older persons

1.14 Further develop and implement women friendly health services by supporting strategic responses to the emerging priorities identified by women and service providers and support NGO's to provide specific services to women

1.15 Develop and implement a three-year Youth Health Strategy with particular focus on young people out of school

1.16 Develop partnerships with agencies to implement health promotion programmes addressing the needs of men

AWARENESS RAISING
1.17 Raise awareness about health promoting and damaging behaviour through a combination of media campaigns, peer-led interventions, provision of information and resource materials and health fairs
**STRATEGIC PRIORITY 2**

- **Develop, maintain and support effective multi-sector partnerships for promoting health in the Northern Area region focused particularly on the determinants of health, inequalities in health and healthy public policy.**

**RATIONALE**

'The task of maintaining, improving and protecting health can no longer be seen as the responsibility of the health sector alone. Establishing health alliances involves consultation with, and participation of, all partners to address the social, economic and environmental determinants of health. It is important that non-health sectors become aware of their capacity to contribute and that their involvement in health promotion interventions is encouraged and supported.'


**OBJECTIVES**

Advocate healthy public policy.

Promote and support public, private and community partnerships to address health inequalities mindful of the determinants of health.

Further develop the capacity of the Health Promotion Service to engage and work with local and strategic alliances.

**ACTIONS**

2.1 Clarify the role of health promotion in local and strategic alliances on health and agree a position paper on the approach, contribution and expectations of effective partnerships based on best evidence/practice

2.2 Develop a process, guidelines and methods of evaluation for partnership working and agree these corporately (allowing for flexibility required in applying them to local or corporate partnerships)

2.3 Build alliances with health promotion personnel in other areas of the health services including the Addiction Service, Hospitals and with Oral Health Promoters
STRATEGIC PRIORITY 3

To support the integration of health promotion into service delivery across all services of the Northern Area Health Board including childcare, older persons, disability, acute hospitals, primary care, social inclusion, mental health and addiction.

RATIONALE

Health promotion is 'everybody's business'. The Health Promotion Service can support the development of health promotion practices and principles across the NAHB. However, health promotion is not just the responsibility of the health promotion service. All services should aim to be health promoting and to integrate their approach with others.

OBJECTIVES

Increase the capacity of health service workers in order to integrate health promotion into their work through the provision of training and support.

Identify and encourage health promotion interventions across all aspects of the health service and ensure these initiatives comply with health promotion principles.

ACTIONS

3.1 Provide annual health promotion training courses for NAHB staff (as outlined in The Training Calendar) and evaluate the effectiveness of these courses in integrating health promotion practice into services across the NAHB

3.2 Support health service workers to implement health promotion interventions through the provision of materials, workshops and other resources, health fairs and on the NAHB health promotion web site
Monitor and evaluate the performance and impact of health promotion interventions.

RATIONALE
Monitoring and evaluation is essential to measure progress and impact. It provides a framework for identifying future actions in the service. The service is strengthened in terms of efficiency and effectiveness while each action is given the focus it needs to improve.

OBJECTIVES
Incorporate and implement appropriate monitoring and evaluation in annual service plans.

Ensure the needs of individuals, communities, partnerships and service providers are met within the capacity of service and the parameters set out for the plan.

ACTIONS
4.1 Review and agree reporting and monitoring systems and the service plan guidelines to ensure agreed targets are reached

4.2 Support the ongoing development and/or use of process, impact and/or outcome indicators where appropriate including national performance indicators so as to ensure consistency, clarity and strategic focus in the Health Promotion Service

4.3 Develop criteria and guidelines for commissioning and monitoring research undertaken on behalf of the service. Allocate funding for health promotion research to ensure an evidence-based approach to services and to ensure an evidence-based approach is taken to new areas of work

4.4 Report on the implementation of the Strategic Plan to the Northern Area Health Board Management Team and relevant partners and agencies to facilitate ongoing development of the Strategy
STRATEGIC PRIORITY 5

Strengthen the capacity of the Health Promotion Service to deliver an efficient and effective service. This will be reflected in management and operational procedures in accordance with best practice.

RATIONALE

As this strategic plan will be implemented in tandem with health service reforms and in a period of budgetary restrictions, it is imperative that the finite nature of both human and financial resources is taken into account during the planning process. The operation of strategy must be realistic and the targets achievable. To maximise the potential of staff to deliver an effective service, training and regular support are necessary.

OBJECTIVES

Maintain/increase financial allocations to the health promotion service.

Maintain existing staff complement and recruit sanctioned posts to enable the service to deliver on strategic targets.

Build the capacity of health promotion staff to deliver a quality service in line with best practice.

ACTIONS

5.1 Incorporate budget allocations into the strategic plan as a priority. Develop annual service plans and adjust in line with financial and human resources available

5.2 Complete six monthly reviews to ensure staff complement is available and in place to deliver the strategic plan

5.3 Develop and implement a Human Resources Development Plan for staff in the service. This plan to include annual budgetary allocation for staff development in line with proposed national developments

5.4 Agree criteria and guidelines for ensuring the work of the service is in line with best practice nationally and internationally and is supported through participation in relevant national and international conferences

5.5 Continuously improve communication systems both internally (within the service) and externally (with the wider NAHB)
IMPLEMENTATION / ACTION PLAN

2004

northern area health board
bord sláinte an limistéir thuaidh
Strategic Priority 1

- Promote and support healthy lifestyle choices mindful of the determinants of health and giving priority to interventions aimed at addressing health inequalities.

ACTIONS

TOPICS:

1.1 Support the development of smoke-free policies in workplaces and other settings and further develop education initiatives and smoking cessation services with the aim of reducing smoking prevalence at population level, and particularly among vulnerable population groups

1.1.1 Continue to raise awareness of the health effects of smoking and the new services and treatments which are available to help smokers quit through local media, local events in particular to mark ASH Wednesday

1.1.2 Continue to support schools in the region by training teachers in the delivery of the tobacco element of the SPHE programme, developing the tobacco management element of the Regional Youth Strategy, responding to requests for information from schools and integrating national campaigns into school settings in an effective manner

1.1.3 Support workplaces within the NAHB to develop smoke free workplace policies in particular organisations, which serve special client groups e.g. mental health settings and residential homes for the elderly, and provide accessible smoking cessation support to staff in NAHB work premises that wish to quit smoking

1.1.4 Continue to provide information and support to private sector and non NAHB workplaces/sites, including organisations which serve particular client groups e.g. prisons and drug rehabilitation centres, to develop smokefree workplace policies and to provide smoking cessation support (on a pilot basis) to staff who wish to quit

1.1.5 Establish smoking cessation support clinics in the Community Care Areas with a particular focus on reaching vulnerable communities and groups including travellers through pilot initiatives in Ballymun Axis Centre, Darndale Health Centre, Northside Shopping Centre, Unicare, Adult Education Centre, Donaghmede

1.1.6 Maintain partnerships with relevant stakeholders in the region in particular the Smoking Cessation Facilitators Forum, environmental health officers, teachers, and youth workers

1.1.7 Provide training in brief intervention techniques for smoking cessation and motivational interviewing for health and other professionals who are in a position to deliver a health message on smoking to patients/clients including public health nurses, occupational health nurses, GP practice nurses, pharmacy staff, prison staff, and drugs counsellors

1.1.8 Continue to provide advice on tobacco management to the Smoke Free Hospital Initiative and develop a pilot project on effectiveness of interventions to reduce smoking during pregnancy with the HPH, ERHA, and the Rotunda Maternity Hospital
1.2 Further develop the strategic direction of suicide prevention and mental health promotion and implement priority initiatives for the Northern Area Health Board

1.2.1 Continue to support schools in the region in relation to mental health promotion by providing training for teachers and contributing to the development of a CD ROM classroom resource

1.2.2 Complete ‘Good Habits of Mind’ an action research initiative for youth workers in the Northern Area to determine their information and support needs in relation to addressing mental health issues. This project is in partnership with the National Youth Council of Ireland

1.2.3 Publish the action research report on mental health needs of the gay and lesbian community and agree the process for implementation of the recommendations

1.2.4 Organise a training need analysis for prison officers in relation to suicide prevention in one prison in the region

1.2.5 Advocate for and contribute to service developments for groups at high risk of suicide

1.2.6 Support developments in the area of services for those bereaved by suicide

1.2.7 Provide training initiatives for health care staff and voluntary sector agencies to further the practice of mental health promotion and suicide prevention

1.2.8 Work in partnership with others in the development of a National Action Plan for Suicide

1.3 Work in partnership with relevant agencies to develop and implement strategies, policies and programmes with the aim of increasing participation in regular, moderate physical activity with a particular focus on young teenagers and older adults

1.3.1 Support the physical activity aspect of the Heartwatch Programme through provision of resources and training

1.3.2 Promote physical activity amongst staff in the health services by increasing awareness and knowledge of the benefits of physical activity

1.3.3 Promote physical activity in the school setting by implementation of programmes such as Action for Life, Bone Fun Day and Playground Markings

1.3.4 Increase the level of physical activity undertaken by able-bodied older people on a daily basis through the implementation of programmes including older adult swim programme and Physical Activity Leaders workshops

1.3.5 Increase the level of moderate physical activity undertaken by the general community by working in partnership with sports and other relevant agencies

1.3.6 Progress awareness raising of physical activity through media information campaigns
1.4 Support multisectoral alliances to develop and implement policies and programmes improving nutrition in schools, youth and community groups and workplaces with a particular focus on nutrition for children, women and the travelling community

1.1.4 Update training for 15 community and youth workers trained to deliver five courses in 'Healthy Food Made Easy' in 2004

1.1.5 Implement two "Being Well" programmes with women in Finglas and Balbriggan

1.1.6 Progress peer-led nutrition awareness with travellers in Community Care Area 8

1.1.7 Deliver training to NAHB staff to provide accurate, consistent and useful nutrition information in their everyday interaction with clients

1.1.8 Commence clinical nutrition service in community care areas

1.1.9 Implement three WHO Breastfeeding Training Courses in partnership with the Rotunda Hospital

1.1.10 Disseminate food and nutrition guidelines and offer training to all full day care providers

1.1.11 Disseminate National Food and Nutrition Guidelines for Primary Schools and launch healthy eating guidelines for the five schools involved in Dublin 17 Breakfast Club project

1.5 Support the development and implementation of a multi-disciplinary action plan to address the problematic use of alcohol within the NAHB

1.5.1 Commence "alcohol awareness in a GP practice" pilot study

1.5.2 Develop training workshops in brief intervention techniques to reduce problematic consumption of alcohol for primary health care staff

1.5.3 Undertake a research project on the relationship between alcohol consumption and attendance at hospital accident and emergency departments

1.5.4 Develop a training programme on dealing with the issue of alcohol in the workplace

1.5.5 Include alcohol as a priority topic to be addressed in the Health Promotion Action Plan for Darndale/Belcamp

1.6 Support the implementation of the ERHA Sexual Health Strategy

1.6.1 Identify priority actions arising from the ERHA Sexual Health Strategy (to be published in 2004)

1.6.2 Develop an Action Plan in the NAHB region

1.6.3 Continue to implement sexual health initiatives in the out-of-school setting

1.6.4 Include sexual health as a priority in the Youth Health Strategy
1.7 Address factors that contribute to obesity through health promotion policy and programmes (as well as in the primary care setting) with the aim of improving quality of life, well-being, and reducing associated health risks

1.7.1 Raise awareness of obesity through EU presidency cardiovascular health campaign, at three health fairs

1.7.2 Implement weight loss clinics in Community Care Area 8 and in one work place

1.7.3 Obesity will be addressed as part of the nutrition programme, specifically targeting infants through a breast feeding action plan, pre-school through nutrition guidelines, post primary through SPHE programme and adults through workplace interventions

1.7.4 Include obesity as a priority topic in nutrition training for NAHB staff

1.8 Develop and deliver accident prevention programmes for children and older people.

1.8.1 Work with two residential units for older people and develop falls prevention programmes

1.8.2 Develop a falls prevention programme for community based health professionals in partnership with health boards in the eastern region

1.8.3 Pilot and evaluate ‘Home childhood accident prevention’ training for Family Support Workers

1.8.4 Run a ‘Home childhood accident prevention’ conference in NAHB

1.8.5 Develop and implement a falls prevention programme in NAHB

SETTINGS:

1.9 Identify three community action zones to be targeted incrementally over the period of the Plan to develop and implement health promotion interventions in partnership with community groups, local authorities and NGOs

1.9.1 Commence Darndale/Belcamp and Corduff Community Action Plan 2004

1.10 Develop workplace policy and programmes to enhance the health of staff employed by the Northern Area Health Board and pilot interventions in non-health sector workplaces

1.10.1 Implement health promotion interventions for staff throughout 2004. These interventions will be developed following analysis of a staff survey carried out in November 2003

1.10.2 Progress a health promotion policy for staff, specifically one on alcohol, which will include training to support the implementation of the policy

1.10.3 Assist in the implementation of a HP strategic plan for James Connolly Memorial Hospital
1.10.4  Provide 3 stress management sessions for NAHB staff – during 2004
1.10.5  Develop and pilot a health promotion programme for a Secondary School in the NAHB area
1.10.6  Develop and deliver a "train the trainers" course in stress management for staff in a Drug Rehabilitation Centre in Spring 2004
1.10.7  Assist in the development of a national resource for workplace health promotion officers

1.11  Develop partnerships with staff in the prison services within the region to implement health promotion programmes
   1.11.1  Recommendations from the forthcoming Report of the Group to Review the Structure and Organisation of Prison Health Care Services will be taken on board in developing annual service plans
   1.11.2  Specific work will be with St. Patrick’s Institution in relation to tobacco control and the development of a mental health promotion project in collaboration with the Psychology Service in Mountjoy

1.12  Support the implementation of SPHE in primary and post primary schools in our region in the context of health promoting schools.
   1.12.1  Work in partnership to develop Health Promotion School Model in the Irish context
   1.12.2  Provide resources to support the SPHE in primary schools
   1.12.3  Deliver training days to post primary teachers on SPHE with Department of Education & Science

POPULATION GROUPS

1.13  Further progress and implement programmes that target health promotion interventions addressing the needs of travellers, asylum seekers and refugees, homeless people, older persons, gay, lesbian and those with disabilities

   Travellers
   1.13.1  Work in partnership with Traveller agencies within the NAHB in progressing the five key areas of action for Traveller Health in the region

   Refugee/Asylum Seekers
   1.13.2  Develop and adapt health promotion programmes to meet the identified needs of refugees and asylum seekers, in partnership with relevant agencies
   1.13.3  Develop a plan of action based on the recommendations from the HPS report on the Health Needs of Refugees and Asylum Seekers
1.13.4 Support the James Connolly Memorial Hospital Migrant Friendly Hospital initiative

1.13.5 Work with health professionals to develop health promotion resource materials specific to ethnic minorities

**Homeless**

1.13.6 Continue to develop needs based health promotion programme targeted at homeless people in partnership with agencies working with the homeless

1.13.7 Provide introductory health promotion training for management and frontline staff in the homeless services in the region

**Older Persons**

1.13.8 Work with National Council for Aging and Older Persons and other regional groups

1.13.9 Progress existing health promotion interventions specifically addressing falls prevention, nutrition, physical activity and mental health

**Disabilities**

1.13.10 Identify the potential to develop health promotion programmes for those with disability

1.14 Further develop and implement women friendly health services by supporting strategic responses to the emerging priorities identified by women and service providers and support NGO's to provide specific services to women

1.14.1 Influence relevant care groups to take cognisance of gender sensitive services when service planning

1.14.2 Continue to maintain and develop links with services that provide a choice of service provider for family planning services to women. Family doctors, the Irish Family Planning Association, and Dublin Well Woman currently provide this service

1.14.3 Develop services that assist in the primary and secondary prevention of osteoporosis in women

1.14.4 Support developments that improve services for women and children who experience domestic abuse

1.14.5 Continue to develop and distribute appropriate information on relevant topics to women. Provide service providers with this information

1.14.6 Promote the development of mental health promoting initiatives for women

1.14.7 Counselling: Promote and advocate for a quality counselling service for women

1.14.8 Support research initiatives that will enhance services for women's health

1.14.9 Maintain links with national organisations to ensure communication on national issues and priorities
1.15 Develop and implement a three-year Youth Health Strategy with particular focus on young people out of school and support SPHE for primary and secondary schools

1.15.1 Continue the provision of training to youth workers on teenage health
1.15.2 Complete the Youth Health Strategy and Action Plan in August 2004
1.15.3 Continue existing health promotion initiative addressing sexual health, mental health
1.15.4 Continue work with the secondary schools through SPHE programme

1.16 Develop partnerships with agencies to implement health promotion programmes addressing the needs of men

1.16.1 Research men's health issues
1.16.2 Support the development of health promotion initiatives aimed at men
1.16.3 Facilitate the implementation of health promotion initiatives aimed at men

AWARENESS RAISING

1.17 Raise awareness about health promoting and damaging behaviour through a combination of media campaigns, peer-led interventions, provision of information and resource materials and health fairs

1.16.1 Participate in all national campaigns (tobacco, nutrition, breastfeeding, physical activity, EU cardiovascular health)
1.16.2 Provide an information service to the public
1.16.3 Participate in three health fairs in NAHB
1.16.4 Develop new resources based on determined need
Develop, maintain and support effective multi-sector partnership for promoting health in NAHB region focused particularly on the determinants of health, inequalities in health and healthy public policy.

**ACTIONS**

2.1 Clarify the role of health promotion in local and strategic alliances on health and agree a position paper on the approach, contribution and expectations of effective partnerships reflected in a position paper based on best evidence/practice

2.1.1 Develop a position paper on effective partnerships led by a small partnership working group from within the health promotion service

2.2 Develop a process for guidelines and methods of evaluation for partnership working and agree these corporately (allowing for flexibility required in applying them to local or corporate partnerships)

2.2.1 The partnership-working group will design a simple template to collate information from the health promotion team on the partnerships they are involved with

2.2.2 Using the information from 2.1 (in consultation with health promotion services staff), the working group will conduct a review of existing partnerships and identify those that are most relevant, appropriate and effective

2.2.3 The working group will develop guidelines and methods of evaluation for partnership working and agree these corporately

2.2.4 Using the methods developed in 2.3, an annual review of partnerships will take place

2.3 Build alliances with health promotion personnel in other areas of the health services including the Drugs Education Officers, Health Promoting Hospitals Personnel, Oral Health Promoters, Mental Health Ireland Development Officer for the NAHB

2.3.1 All health promotion service staff will be made aware of other health promotion staff within the NAHB not directly managed by our unit by their line manager as part of their induction process

2.3.2 Staff from our service will aim to be proactive in their communication with these groups and will offer them the opportunity to be involved with working groups and projects which may be relevant to their own work area

2.3.3 An annual networking event (half-day) for all HP personnel both within our service and other HP personnel as identified overleaf will be organised to promote better communication
Strategic Priority 3

- To support the integration of health promotion into service delivery across all services of the Board and all care groups including childcare, older persons, disability, acute hospitals, primary care, social inclusion, mental health, and addiction.

ACTIONS

3.1 Provide annual health promotion training courses for NAHB staff (as outlined in "The Training Calendar") and evaluate the effectiveness of these courses in integrating health promotion practice into services across the NAHB

3.1.1 Adjust training calendar in line with the findings from the recent external evaluation of the training calendar

3.1.2 Provide training in specific areas of health promotion

3.1.3 Evaluate training courses according to standardised evaluation criteria

3.1.4 Monitor utilisation of specific training via a database of all trained personnel

3.1.5 Identify and obtain potential accreditation for training programmes provided by the service

3.2 Support health service workers to implement health promotion interventions through the provision of materials, workshops and other resources (including moderate finance, health fairs and on the NAHB health promotion web site)

3.3.1 Brochure outlining relevant actions and upcoming events for 2004 in the areas of workplace policy, nutrition, mental health, woman's health, physical activity, and tobacco management to be disseminated to health service workers

3.3.2 Brochure outlining health promotion resources relevant to health service workers to be disseminated to health service workers

3.3.3 Establish a small grant fund to support the development and integration of local health promotion initiatives into service delivery across other areas of the NAHB
Monitor and evaluate the performance and impact of health promotion interventions.

ACTIONS

4.1 Review and agree reporting and monitoring systems and service plan guidelines to ensure agreed targets are reached
   4.1.1 Apply national planning template to service planning process from 2004
   4.1.2 Modify current Health Promotion Service operational plan template to be specifically aligned to priorities in relevant strategies particularly the Health Strategy
   4.1.3 Engage team to review current reporting/monitoring systems for reporting and monitoring on service delivery and develop an action plan arising from this process to improve overall reporting and monitoring systems

4.2 Support the ongoing development and/or use of process, impact and/or outcome indicators to include national performance indicators where appropriate so as to ensure consistency, clarity and strategic focus in the Health Promotion Service
   4.2.1 Engage team in review of current evaluation methods
   4.2.2 Benchmark against current best practice in health promotion evaluation
   4.2.3 Develop evaluation process for the operational plans based on above
   4.2.4 Ensure national performance indicators are reflected in Health Promotion Service evaluation
   4.2.5 Ensure an integrated approach to developing and implementing and recording national performance indicators across all levels of the service

4.3 Develop criteria and guidelines for commissioning and monitoring research undertaken on behalf of the service. Allocate funding for health promotion research to ensure evidence-based approach to services and to ensure evidence-based approach is taken to new areas of work
   4.3.1 Research criteria for best practice in commissioning and monitoring research
   4.3.2 Develop health promotion service guidelines for contracting research
   4.3.3 Agree standardised service agreements ensuring quality research and value for money
   4.3.4 Develop research service agreements based on standardised service agreement contracts

4.4 Report on the implementation of the Strategic Plan with the NAHB Management Team and relevant partners/agencies to facilitate ongoing development of the Health Promotion Strategy
   4.4.1 Develop new reporting template for Health Promotion Service
   4.4.2 Provide management with periodic reports (6 monthly) based on executive summary of health promotion service progress reports
Strategic Priority 5

- Strengthen the capacity of the Health Promotion Service and Team to deliver an efficient and effective service. This will be reflected in management and operational procedures in accordance with best practice.

ACTIONS

5.1 Incorporate budget allocations into the strategic plan as a priority. Develop annual service plans and adjust in line with financial and human resources available

5.1.1 The senior health promotion team will submit an operational plan to meet strategic targets in November of each year for the following year, in line with financial and human resources available

5.2 Complete six monthly reviews to ensure staff complement is available and in place to deliver the Strategic Plan

5.2.1 Senior health promotion officers will provide the director with 6 monthly reports on their ability to deliver on strategic targets with

   i. existing staff complement

   ii. emerging health promotion needs

   iii. status of sanctioned unfilled posts

5.3 Develop a Human Resources Development Plan for staff in the Service and implement to include annual budgetary allocations for staff development and in line with proposed national developments

5.3.1 Contribute to and participate in the national professional development plan for health promotion professionals. Draw up a professional development plan for our service arising from the recommendations from action 1. Allocate annual training budget for staff

5.4 Agree criteria and guidelines for ensuring the work of the service is in line with best practice internationally and nationally and is supported through participation in relevant national and international conferences

5.4.1 Develop guidelines for best practice across all areas of the health promotion service incrementally. Identify relevant professional conferences and agree criteria for attendance and improve methods of communicating information to the whole team
5.5 Continuously improve communication systems, internally within the Service and externally with the wider NAHB

5.5.1 Review existing communication systems and their effectiveness and arising from this review in 2004 develop a communication plan to look at continuous improvement in communication for:

a) us within the service
b) for us with others within the board
c) for us with external partners
d) for us with the general public (on health matters)

This will be undertaken as part of the communication strategy for the board.