Issue: 1.5 National Health Priorities

Objective(s):

Reduce the incidence of lifestyle disease risk factors

| Strate | tegy | Lead Agency and Key Partners | Timeframe | Performance Indicators/ Desired Outcomes |
|--|--|---|-----------|---|
| imple facto • sm • hig • by • ob • dia • so • de • nu • ph | rm a multi-sectoral working party to coordinate the plementation of strategies to raise awareness of lifestyle risk stors and their impact targeting the following: - smoking high cholesterol hypertension obesity diabetes social isolation depression hutrition ohysical activity alcohol consumption | Heart Foundation Tropical Public Health Unit Health Promotion THSD Institute of Health Service and Ambulatory Care Community Health TTH ATODS Child Health Stakeholders Queensland Cancer Fund Sport & Recreation Qld Townsville Division of General Practice TAIHS Education Queensland Australian Kidney Foundation James Cook University School of Public Health and Tropical Medicine Dieticians Schools Diabetes educators Diabetes Australia Heart Research Centre | Long | Reduction in incidence of smoking Increase in physical activity Improved nutritional intake Increased knowledge of cardiovascular disease Links to national and state approaches Development of workforce and good practice guidelines and evaluations Health promotion strategies to address socia determinants including foo supply, health promoting environments, community education and awareness among health professional An integrated and partnership approach to diabetes prevention Number of partnerships involved in the approach |

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| | Strategy | Lead Agency and Key Partners | Timeframe | Performance Indicators/ Desired Outcomes |
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| 1.5.1 | | | | An integrated and partnership approach to prevention strategies for the reduction of lung cancer and mortality from COPD, focusing on reducing smoking and exposure to environmental tobacco smoke A more holistic approach to health promotion and prevention of chronic disease |
| 1.5.2 | Establish and maintain good quality surveillance systems to monitor mental health disorders and suicide/self inflicted injury incidence and prevalence trends to assess overall efficiency and effectiveness of services and programs | Townsville Health Service District <u>Stakeholders</u> Townsville Division of General Practice Mental Illness Fellowship NQ | Short - Medium | Monitoring of mental health disorders and the impact of services provided |
| 1.5.3 | Establish a two – way referral system whereby duality of mental health problems, for example drug use and mental health, can be dealt with in a comprehensive way with case follow ups and outcomes routinely monitored | Townsville Health Service District <u>Stakeholders</u> Townsville Division of General Practice Mental Illness Fellowship NQ | Short - Medium | An effective referral system and integrated approach to mental health and dual health problems |

| | Strategy | Lead Agency and Key Partners | Timeframe | Performance Indicators/ Desired Outcomes |
|----------------|---|--|--------------|---|
| l. 5. 4 | Implementation of the Second National Mental Health Plan at the local level | • THSD Institute of Community Health and Ambulatory Care | Medium | • The Second National Mental Health Plan actioned at the local level |
| l•5•5 | Review strategies in place in the Northern Reporting Area related to Cardiovascular Health to reduce excess mortality in particular among Indigenous women | • Townsville Health Service District | Short | • Strategies to reduce mortality from CVD are reviewed |
| 5.6 | Maintaining cardiac care programs: - provision of a coronary care unit and cardiac surgery at TTH multidisciplinary cardiac rehabilitation course provision of the "Lighten Up" program to assist people to lose weight | THSD Institute of Community Health and Ambulatory Care TTH Townsville Division of General Practice | Ongoing | Individuals achieve functional independence following a cardiac event Rehabilitation courses are well attended Reduced repeat cardiac event |
| l.5.7 | Opportunistic vaccination and screening by general practitioners - targeting of specific high risk groups for: - early detection and diagnosis of Colorectal Cancer, Skin Cancer and Type Two Diabetes Pneumococcal and influenza vaccine | •Townsville Division of General Practice | Short-Medium | • Opportunistic vaccination and screening supported and implemented by general practitioners |
| 1.5.8 | Provision of a comprehensive service to individuals with all types of diabetes and education programs for diabetes professionals | THSD Institute of Community Health and Ambulatory Care TTH Community Health Townsville Division of General Practice | Ongoing | People with newly diagnose diabetes receive a timely service Individual measurements are within the normal range |

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| | Strategy | Lead Agency and Key Partners | Timeframe | Performance Indicators/ Desired Outcomes |
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| L.5.9 | Promotion of breastfeeding as part of an optimal healthy life start and support to new mothers to sustain breastfeeding for the first twelve months of the child's life | THSD Institute of Community Health and Ambulatory Care TTH Child Health <u>Stakeholders</u> Parents Playgroups | Ongoing | •Increased incidence of breastfeeding at twelve months |
| 1.5.10 | Minimise asthma suffering through the development of individual asthma plans: - • provision of individual asthma education and support to GP's • joint programs with local pharmacies • incorporating into indigenous health programs | • THSD Institute of Community Health and Ambulatory Care | Ongoing | • Asthma sufferers have an individual asthma plan |
| 1.5.11 | Provision of an arthritis self help course | THSD Institute of Community Health and Ambulatory Care Community Health | Ongoing | • Increase in skills for managing arthritis |

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