



**St Helena
Government**

Strategic Framework for Health Promotion on St Helena (2018-2019)





Introduction:

The aim of the Strategic Framework for Health Promotion on St Helena for 2018-2019 is **to reduce overweight / obesity and smoking** in the Saint community. Worldwide evidence shows that losing weight and stopping smoking are the most two important ways people can reduce their risk of the diseases that are responsible for a large burden of illness, disability, and early death on the island: Type Two Diabetes, Heart disease, Stroke, Cancer. Among Saints **One in 5** people are diabetic; and **more than half of adults** have high blood pressure (early sign of heart and circulation disease.) **Almost 7 in 10** people are overweight or obese (EMIS, 2018), including **42%** of schoolchildren; while **36%** of men and **28%** of women aged 20-65 smoke, and much higher among Saints 20-29 years old (**50%** of men and **42%** of women).

The Strategic Framework was developed by working with a wide range of local people and organisations to identify the most important things that will help people make the lifestyle changes that will reduce their risk and improve their health, and the things that currently make these kind of changes difficult or unattractive.

The strategies address different areas and together are designed to create a **community environment that makes healthy choices easier**, to encourage more community involvement in health, and to strengthen the laws and policies that will encourage healthier behaviours and discourage unhealthy ones. This will be supported by a long-running campaign, based on community members' own thoughts about how **to encourage, motivate and support** Saints to make the changes and choices that are needed in their own way and on their own terms. Alongside these actions in the wider community, there will be work to strengthen the health services that provide advice, information, and support to help people **develop the skills they need to successfully maintain healthy behaviours**.

Dr Angie Jackson-Morris, Health Promotion & Social Marketing Lead, Health Directorate, SHG. May, 2018.



What we aim to achieve by the end of 2019:

In the period 2018-2019 among the population of St Helena (all ages):

1. To reduce consumption of high sugar drinks, and high fat, high salt, high sugar snack foods
2. To increase the 'swapping' of healthier food and drink options to replace the less healthy ones
3. To increase physical activity participation across the population
4. To increase the number of smokers trying to quit



How we will do this?

Action on Diet, Weight, Activity and Smoking

1. Community Campaign (Social Marketing) to promote easy, realistic choices and changes
2. Workforce Wellbeing Programme
3. Strengthen Community Centre role in promoting health

Action on Diet & Weight

4. 'Merchants Partnership for Health'
5. 'Hospitality Venues Partnership for Health'
6. Health Directorate Healthy Food Model and adapt for other Institutions

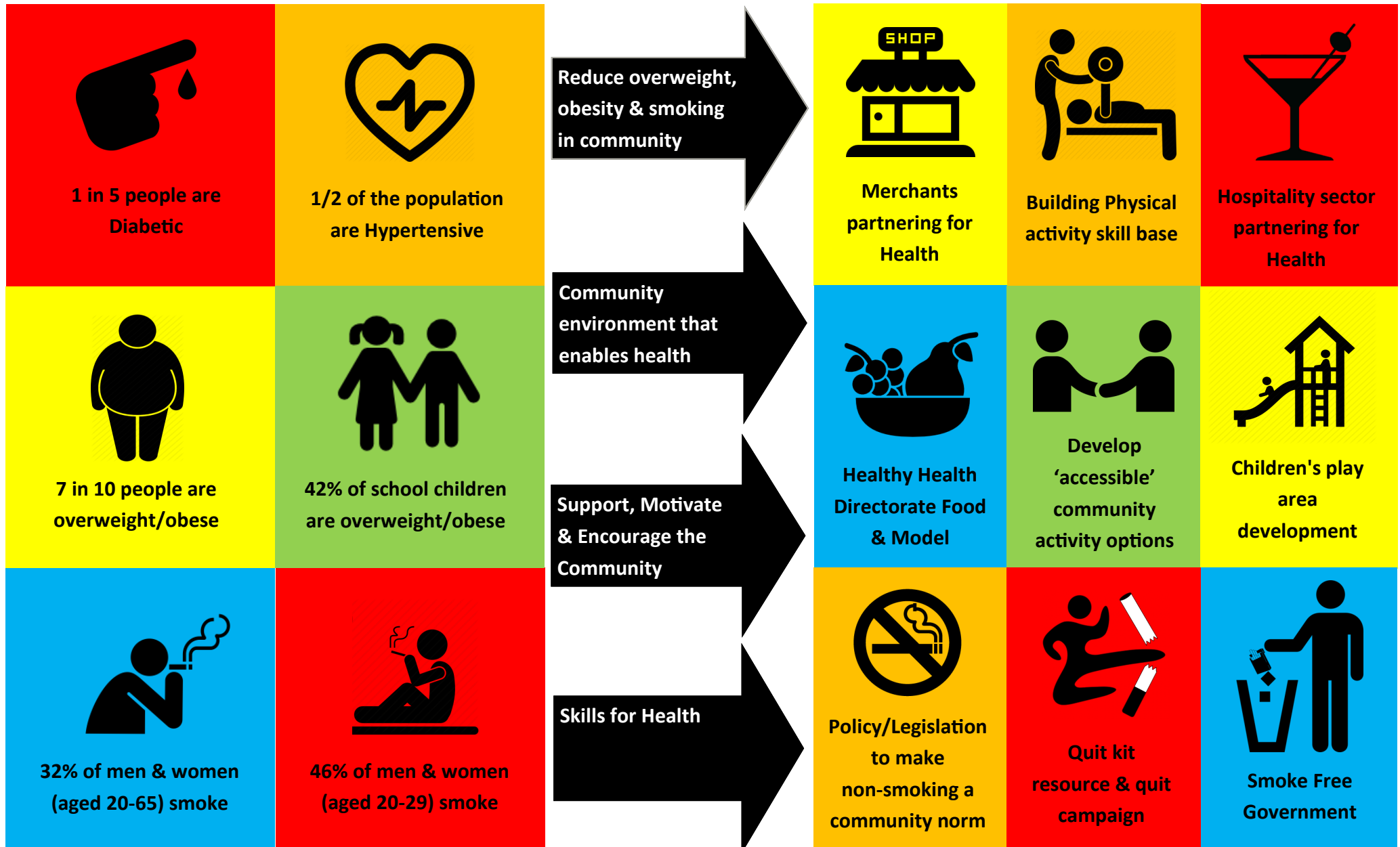
Action on Physical Activity

7. Develop Community Physical Activity skill base
8. Develop 'easy-to-do' popular community activity option
9. Children's Play Area Development

Action on Smoking

10. Policy and law changes to make non smoking the community 'norm'
11. Provide and promote a 'Quit Kit' advice resource for people trying to quit
12. Make SHG Smoke-Free – indoor, outdoor and smoke-free working time.

Helping St Helena become Healthier!



COMBINED RISK FACTOR STRATEGIES:

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Strategy One: Community Health Promotion Campaign and Brand



Target Audience:

- Whole Saint community, all ages



A community-wide campaign and brand will be designed using a 'social marketing' approach.

This is based on research with community members that identifies 'actionable insights' into how health behaviours in this specific community may be positively influenced and supported. The campaign brand and messaging are co-created with community members to promote and encourage 'buy-in' and 'ownership' for the necessary health-related 'lifestyle' behaviours.

The Community Health Promotion campaign and brand will provide an overarching theme and ethos that will run across and enhance each of the Health Promotion strategies by encouraging community members to view these as relevant and attractive to their lives and community.

The Community Health Promotion campaign and brand will use a variety of communication channels to achieve a high level of reach in the community.

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Strategy Two: Workforce Wellbeing Programme



Target Audience:

- All St Helena Government (SHG) Directorate employees (total ~830 people)
- Largest private sector business employees



WWB in each SHG Directorate:

The WWB Programme in Government will be organised on a Directorate basis, with staff of each Directorate being involved in co-ordinating and planning their WWB programme so that it fits around their workforce, sites and work patterns.

Support and content will be provided by the Health Directorate and the 'Personal MOT' clinic sessions will be delivered by a Health team. The aim is to foster ownership of the WWB programme by each Directorate, to assist in tailoring the programme to be relevant to their workforce and to make it sustainable. Staff from each Directorate will meet to plan their own programme, how best to communicate with their workforce, and the elements of their programme. Communication and co-ordination in each Directorate will be under Directorate Administration.

Programme elements:

1. **Workplace Wellbeing 'Personal MOT' sessions:** Confidential Clinic model delivered as bookable sessions on a set day by nursing staff, on site. Set range of free key checks (BP; H/W; BMI). Training for delivery staff and emphasis on practical 'how to take action yourself' advice and 'signposting' to other services as required.
2. **Weekly Activity Lunchtime:** Specific structured accessible activity options provided for workforce participation for (only) staff opting to have an extra 30 minutes lunchtime 1 x per week – to suit workforce availability / preference. Activities to be facilitated by workforce members.
3. **Regular Inter-Team and Inter-Directorate Competition:** Rolling Competitions focused on specific, practical short-term lifestyle goals related to diet / weight / smoking and activity. League table – inter-team and inter-Directorate, and regular communications.
4. **Peer Supporters and Buddy matching:** Identify workforce staff as peer supporters – people who have successfully achieved a lifestyle health goal and is keen to advise / encourage others with their story / tips / advice. Buddy matching 'service' for staff wanting to have a 'buddy' to undertake a lifestyle change alongside them – eg a quit smoking buddy, a weight-loss buddy etc.

COMBINED RISK FACTOR STRATEGIES:

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Strategy Three: Community Centre role in Health



Target Audience:

- Community Centre Committees
- Community Centre Users / General Community



Process:

- Support Councillor-led process to work with Community Centre Committees to facilitate and encourage their health-promoting role and scope for greater health-related community use of Community Centres.
- Work with Community Centre Committees to consider ways to encourage a healthy approach for CCs as function and event venues – eg healthier drinks recommendations for hirers, and usage policy on smoking in outside areas.
- Involve Community Centre Committees in proposals / projects for children's play area enhancement.

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Strategy Four: 'Merchant Partnership for Health'



Target Audience:

- Wholesale and Retail 'Merchants'
- Retail Shop Customers
- Wholesale Customers (including Hospitality sector)



Programme:

Engage and Develop 'Partnership Agreements' with wholesale / retail merchants, starting with the largest businesses, based on the principle of mutual benefit – develop a joint partnership that will benefit the community while having various benefits for the businesses.

Two stage initiative:

Stage 1:

- Work with wholesale/retail merchants to increase their stock and consistency of supply of specified recommended healthier drinks options; provide 'nudge marketing' for the stores to assist and encourage customers to identify and choose (swap to) healthier options on the drinks products they wish to purchase. Undertake store promotions eg prize draws, loyalty schemes linked to healthier options, to support the initiative. Aim to increase substitution by customers from less healthy to healthier alternative products. Key indicator: Sales data.

- Review initiative process and outcomes with merchants prior to developing Stage 2.

Stage 2:

- Work with merchants to develop parallel initiative focused on healthier snacks and lunchbox foods. Stock; consistency of supply; 'nudge marketing' in stores. Promotions including eg display and in-store samples.
- The partnership concept will later be extended to smaller merchants following the initial initiative with the larger merchants, who also are responsible for the wholesale availability of stock to the smaller merchants. Focus on Drinks and snacks/lunches.

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Strategy Five: Healthier Food and Drink options in Hospitality sector venues



Target Audience:

- Hospitality sector outlets: Pubs/Bars, Restaurants, Cafes, Takeaways, Caterers
- Hospitality sector Customers



Programme:

- Engage and Develop 'Partnership Agreements' with hospitality venues, starting with the largest and most prominent, based on the principle of mutual benefit – develop a joint partnership that will benefit the community while having various benefits for the businesses.

Two stage initiative:

Stage 1:

- Work with largest hospitality venues to increase their stock of specified recommended healthier drinks options; and display 'nudge marketing' in the venues to assist and encourage customers to identify and choose (swap to) healthier drinks options. Key indicator: Sales data.
- Review initiative process and outcomes with venues.
- Extend drinks initiative to other/smaller hospitality venues.

Stage 2:

- Work with hospitality venues to develop either an adapted healthier version of their best-seller meal or an additional healthy choice suited to their core market (similar food, but adapted to be healthier).

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Strategy Six: Healthy Hospital Food and Model to adapt for other Institutions



Target Audience:

- Hospital in-patients and their Relatives/visitors
- Food preparation team
- General community



Programme:

-In-patient Hospital Menu:

Review hospital menu for in-patients, to adjust ingredients, cooking style etc to ensure menu supports HPSF principles (low sugar, low fat, low salt) while being suited to patient tastes and preferences, availability and practicality of preparation.

-Food and Drinks brought into Hospital:

Work with patients, families and staff to develop a Policy and Guidance on the provision of additional Snack food and drinks for in-patients from visiting family/ friends. As well as supporting a healthy diet for in-patients, it additionally supports role modelling to the wider community.

-Sharing and adapting the model for other institutions:

The above process can be adapted / tailored for other institutions:

-SHG wide Healthy Catering Policy:

Government-wide policy to provide healthy catering at any occasions or meetings where official catering is available (drinks, snacks or buffet). Guidance to meeting/ event organisers; catering orders to be practical to availability/purpose.

- Healthy Care Home Food – Community Care Centre and other Care homes:

Residents' meals and Policy / Guidance on Food brought in by relatives / visitors.

- Public / Community Events organised by Enterprise St Helena / St Helena Tourism

RISK FACTOR: PHYSICAL ACTIVITY

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Strategy Seven: Develop Community Physical Trainer Capacity



Target audience:

- General community



Process:

- Recruit Saint candidates wishing to develop skills / career / small business as a physical trainer / community activity leader. Linked to community college / ESH Skills Development Grant scheme to support distance learning.
- Mentorship to PT trainees from physiotherapists; shadowing swim club coach; and other activity organisations; and opportunities to support physical activity initiatives developed under the HPSF during their year-long study period.

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Strategy Eight: Develop accessible sustainable community physical activity option



Target audience:

- Community activity providers
- General community



Process:

- Develop a collaboration of a range existing community activity providers to develop an accessible, popular, sustainable community activity option that will encourage people who are currently less active to start and develop their regular activity. Two potential models will initially be explored.

RISK FACTOR: PHYSICAL ACTIVITY

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Strategy Nine: Community Enhancement of Children's Play Areas



Target audience:

- General Community focusing on areas where play area requires enhancement
- Children and young people



Process:

- Work with Councillors to review and propose / support any amendments required to the Ordinances governing playgrounds to enable development projects to take place.
- Identify an initial focus community area for the project: area with substantial child population or scope for use by children from other areas; enthusiasm by community for the project; existing designated play area; community Centre Committee involvement and support.
- Facilitate community involvement process for community members to assess their space and identify ways to develop / enhance current play space.
- Engage and involve various stakeholder partners (businesses, local people, local NGOs) to support the proposed community play area development project with in-kind contributions. For any equipment required the Community Centre Committee will be supported to develop and submit a community grant application.

RISK FACTOR: SMOKING

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Strategy Ten: Policy/Legislative measures to make non smoking a community 'norm'



Target audience:

- Current Smokers
- Young people



Process:

- Discussion with policymakers on the specific practical measures that will have high impact and be locally relevant, in the context of a general law amendment / update needed to meet the obligations under the international treaty (Framework Convention on Tobacco Control). Ordinance drafting with appropriate SHG departments.
- Highest impact, locally relevant options to reduce smoking (consumption), support quitting, and reduce uptake by new smokers, include:

Tobacco Taxation 2019/2020 cycle – To World Health Organisation international treaty Framework Convention on Tobacco Control (UK is a signatory) recommended effective level. Impact (consumption) and Revenue projections to be prepared.

Minimum Pricing of Cigarettes and other Tobacco Products – to ensure the taxation measures are effective – required minimum price to be applied by retailers

Import requirements on Pack Warnings – 'Plain Packs' to be the legal import standard – packs with all marketing / branding removed and large, high impact Graphic Health Warnings. A range of countries from which these may be sourced can be provided to give importers a choice / price option.

Ban Single Stick sales and Sales beyond registered shops - (preventing private import and house sales)

Ban Menthol cigarette imports - key 'gateway' product. Proof of Age card required for young people to purchase cigarettes (building on existing alcohol purchase scheme)

'Point of Sale' covering (and advertisement / branding removal) - Requiring shops to keep tobacco out of sight / behind screen / curtain; and removing any branding / advertising.

RISK FACTOR: SMOKING

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Strategy Eleven: 'Quit Kit' resource to support and encourage smokers towards a quit attempt



Target audience:

- Current smokers

Process:



- Develop Saint-focused / tailored Quit Support resource – a 'Quit Kit' of 'How To' advice based on internationally assessed evidence on 'what works' best for quitting. Links to related practical issues - eg weight gain; activity substitution.

- Community, media and health service mini campaign using social marketing messaging to link to and encourage smokers to try the quit resource. Aim of moving smokers along 'Stages of Change' to stage of preparing for a self quit attempt and guiding towards appropriate support / resources.

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Strategy Twelve: 'Smoke-free Government'



Target audience:

- SHG Employees
- General Community

Process:



- Work with SHG to develop strengthened policy – New policy areas: No smoking to be allowed in outside areas as well as indoor; smoker staff no longer having additional / informal 'smoking' breaks.

- Objective 1. Being an example in the community (to public users - adults and young people) and to staff by creating an environment where smoking is not a 'norm' – ie not allowed around the site or as part of a usual working day.

- Objective 2. Encouraging and supporting staff smokers to quit – employer duty of care.

- Free Nicotine Replacement Therapy options to be available / promoted to SHG staff for a 4 week period and Cessation Support (new nurse-led service) to be offered as an opportunity to help staff quit.

Key messaging:

- Staff and Community communications to explain reason for changes in policy



A number of areas of Health Service delivery will also complement and contribute to the objectives of the Health Promotion Strategic Framework:

Combined Risk factors:

- Workforce Wellbeing 'Personal MOT' Clinics
- Support to strengthen Schools health education (PHSE delivery)
- Chronic Disease Management (CDM) clinics
- School Nursing Service

Risk Factor: Diet & Weight

- Child Weight Checks and follow-up
- Community Dietician: 1-1 and community activities
- 1-1 healthy weight & diet advice in community nursing clinics

Risk Factor: Physical Activity

- Physiotherapy service: 1-1 and community activities

Risk Factor: Smoking

- Smoking Cessation Service
- One-to-One Brief Advice – CDM clinics / sessions