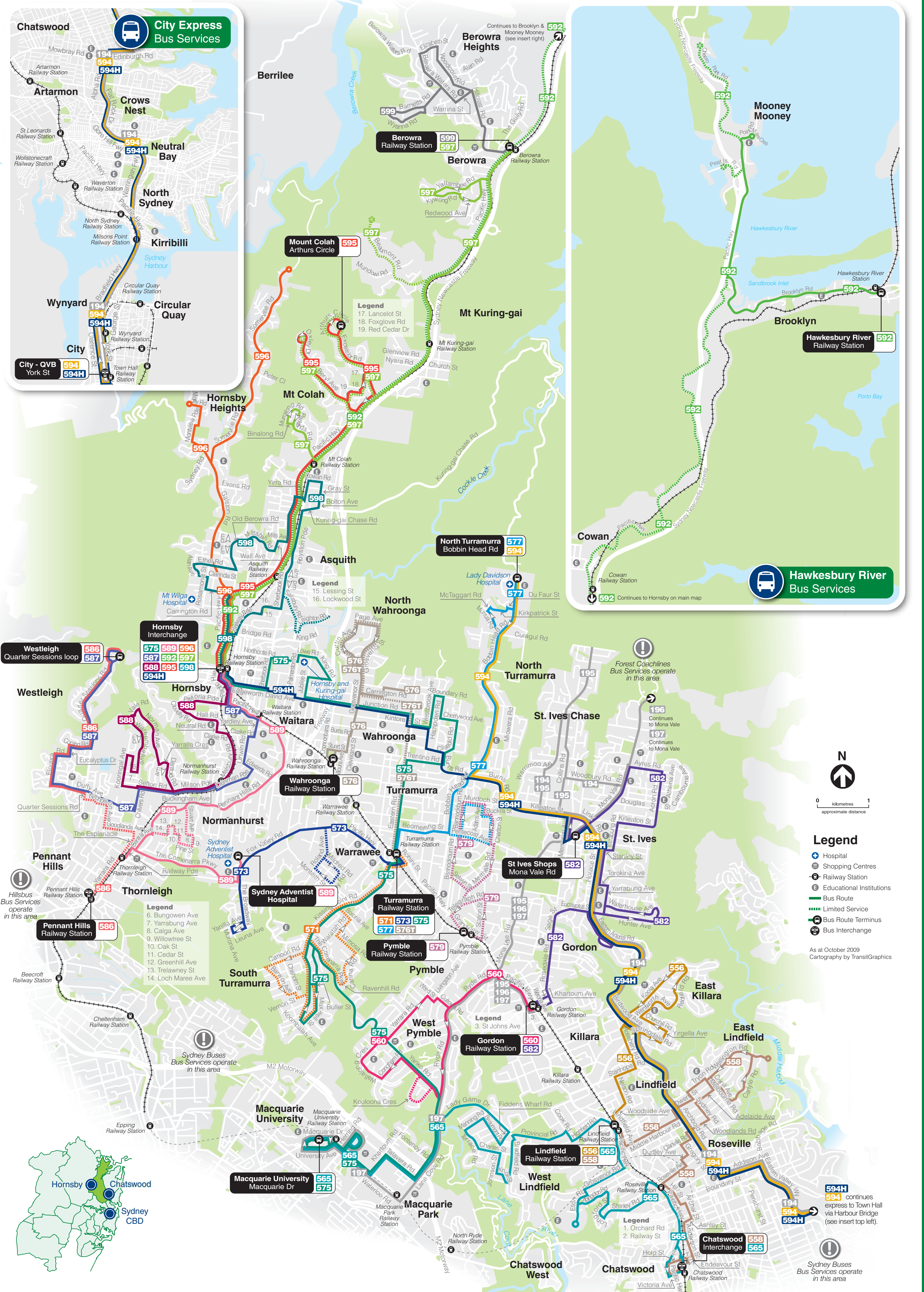


Bus Network Map





BAULKHAM HILLS COUNCIL JOINS

KU-RING-GAI COUNCIL JOINS

PARRAMATTA COUNCIL JOINS

RYDE COUNCIL JOINS

LEGEND

Major road shoulder facilities

High difficulty routes

Moderate difficulty routes

Low difficulty routes

Unsealed roads

(suitable for mountain bikes)

Experienced cyclists only

Leanner/Beginner cycling tracks

Offroad formed cyclepaths

Bicycle Parking Facilities

Train Station

Police Station

Roads

Railways

Suburb names

Schools

Park

Retirement Village

Car parks

Hospital

Shops

Shopping Centre

North Arrow

NPWS

NPWS National Parks & Wildlife Service

Steep hills

Steep hills

Steep hills

Steep hills

Steep hills

health promotion

project list July - December 2011



Health
Population
Health

Northern Sydney & Central Coast Health Promotion Service

Project List July – December 2011

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Strategic Directions for the Northern Sydney Central Coast Health Promotion Service

Northern Sydney & Central Coast Health Promotion will provide strong leadership to improve the health and well-being of our population. For many years we have been leaders in this field, at both state and national level - engaging communities to change personal, organisational, and social behaviour, to prevent ill health before it occurs.

This 'Project Actions' document provides a current record of major activity currently undertaken by Health Promotion and reflects new and ongoing projects which target , NSW Centre for Health Advancement priority areas - Tobacco Control, Overweight and Obesity Prevention and Falls Injury Prevention. In addition, it includes other project work carried out at a local level targeting other State and National health priorities, such as Alcohol and Emotional and Social Health.

2011 will see the continued development of strategies to address Alcohol-related harm and related injuries. Northern Sydney & Central Coast (NS&CC) has historically had a higher than average level of risk drinking. According to results of the NSW Chief Health Officers Report, *Statement of Strategic Intent*, 31.5% of respondents within NS&CC reported 'at risk' drinking. We have made improvements in recent years with that figure falling by lower percentage points since 2008.

Producing the 'Project Actions' report every six months enables regular reviewing and development of project strategies. This ensures the quality and effectiveness of our work.

The World Health Organisation adopted the Ottawa Charter for Health Promotion in 1986, which established the strategic course for health promotion. Health Promotion practitioners work across the five Charter areas for action to:

1. Build Healthy Public Policy – This combines diverse but complementary approaches including legislation, economic policy, and organisational practice,
2. Create Supportive Environments – Physical, social, and economic environments should be safe, enjoyable, and promote health.
3. Strengthen Community Action – Health Promotion supports and initiates community actions, which lead to improved conditions for health.
4. Develop Personal Skills – Practitioners provide information and education, enabling people to make decisions and take actions to improve their health.
5. Re-orient Health Services – If significant further gains are to be made in public health, the health care system will need to extend its focus beyond clinical and curative services into health promoting strategies.

Since then, The Jakarta Declaration ((1997) and more recently The Bangkok Charter (2005), have developed the concept further.

The Jakarta Declaration states that:

Health is a basic human right and essential for social and economic development. Prerequisites for health are peace, shelter, education, social security, social relations, food, income, empowerment of women, a stable eco-system, sustainable resources use, social justice, respect for human rights and equity. Above all, poverty is the greatest threat to health.

The Bangkok Charter called for strong political action to achieve a healthier world, urging United Nations organisations to explore the benefits of developing and implementing a Global Treaty for Health. The Charter proposes the following actions:

- Advocate for health based on human rights and solidarity;
- Invest in sustainable policies, actions and infrastructure to address the determinants of health;
- Build capacity for policy development, leadership, health promotion practice, and knowledge transfer and research and health literacy;
- Regulate and legislate to ensure a high level of protection from harm and enable equal opportunity for health and well being for all people;
- Partner and build alliances with public, private, nongovernmental organisations and civil society to create sustainable actions."

Health Promotion is a credible, structured means of improving health. Economic appraisal confirms that health promotion activities have been effective not only in terms of lives saved and illness averted, but they also represent good value for money.

Just a few factors account for most of the preventable death and chronic disease in Australia. Tobacco smoking, physical inactivity, obesity, alcohol, lack of fruit and vegetables, fall injury risks among older people, communicable diseases, and illicit drugs are the main challenges. However, only a small proportion, 1-2%, of the health care budget is ever available for prevention within Australian health services.

The more limited the resources, the greater the need for the establishment of priority programmes, and implementation of the most effective and efficient strategies. In addition, working in partnership with other departments and organisations combines expertise and energy to multiply results.

Effectiveness, efficiency, and indeed relevance of various health promotion strategies change. New priorities in determinants of health will rise, mature, and diminish through the 21st century. Health Promotion strategies will need to address demographic trends of urbanisation, an increase in the elderly population, and increasing sedentary behaviour. Antibiotic

resistant infections, changing patterns of illicit drug abuse, and civil and domestic violence will challenge us. Economic cycles technology advances, new infectious diseases, mental health issues and environmental degradation will have an impact on population health. While profit motives opposing health may diminish in some fields (hopefully in tobacco) others will continue and some new ones will emerge.

Our Demographic Profile

As part of Population Health, Health Promotion provides services across Northern Sydney and the Central Coast. Local Health Promotion Units serve the Central Coast, Ryde/Hornsby, Northern Beaches and Lower North Shore covering an area of approximately 2,500 square kilometres. In 2006 an estimated 1.12 million people lived within the catchment of NSCC, representing 16.4% of the NSW population, across 13 local government areas (LGA's) from Ryde in the south to Wyong in the north.

In general, the Northern Sydney and Central Coast population is:

- Ageing, with the most dramatic increase among residents aged 85 years and over, particularly at the Central Coast and Hornsby-Ku-ring-gai. Between 2006 and 2016 it is likely that the proportion of the population aged 70 to 79 years will increase by 17% and of people aged 80 years will increase by 16%. Conversely, the proportion of the population aged from 0 to 15 years is likely to decline. The proportion aged 16 to 44 years will remain relatively stable, with the exception of the Central Coast where there is likely to be an increase in all age groups aged up to 44 years.
- Not homogeneous in relation to socio-economic indicators. Much of the Area south of the Hawkesbury is relatively advantaged. However there are pockets even in relatively affluent locations that may be classified as 'disadvantaged'. Those parts of the Area north of the Hawkesbury are less advantaged with much of the Central Coast clearly below the NSW average on socio-economic indicators. Health inequalities are evident in NS&CC with the median age of death on the Central Coast 3 years below Northern Sydney.
- Culturally diverse with a slightly higher proportion of overseas born residents (33%) than the NSW average (31%). The most prominent countries of origin other than Australia are the United Kingdom, New Zealand and China. Across NSCCH, 22% of people were born in non-English speaking countries, ranging from 12% on the Central Coast to 33% in North Shore/Ryde. The latter has a particularly diverse population, with 43% born overseas, including large groups from China, Hong Kong and Korea.

After English, the most common languages spoken in NS&CC are Chinese languages, Italian, Korean, Japanese, Arabic, Greek and German. Numerous other languages are also spoken, including: Persian-Dari; Hindi; French; Indonesian;

Croatian; Tagalog; Dutch; Serbian; Polish; Russian; Tamil; Thai and Sinhalese. Of those people who have a first language other than English, approximately 14% are not proficient in English.

- Relatively small in its Aboriginal and Torres Strait Islander community, this group represents 0.8% of the NS&CC population. The majority, residing in the Central Coast represent 3.7% of the Central Coast population.

Between 2006 and 2016 the total population is expected to grow by 6.3% to 1.19 million with the highest growth rates in the Central Coast: 17.5% in the Wyong LGA and 6.7% in the Gosford LGA. From the information available, it is expected that there will be more adolescents and young adults who are usually physically healthy but of increased risk of injury. Behaviour patterns of this tone also impact on mental health. The increase in the 55 – 69 age group presents challenges for health promotion to address risk factors associated with chronic disease, particularly as the burden of chronic disease and avoidable conditions is increasing across NSCCH as a whole.

Population changes are not the only determinant for health promotion priority setting and practice. Health-related behaviours and social determinants of health need to be considered when designing programs in order to address the most significant risk factors. Smoking, alcohol abuse, obesity, physical inactivity and injury have all been identified as priority issues in the community. To reduce avoidable illness and death, a population health approach will be used to implement and evaluate health promotion interventions.

Priority for health promotion action is given when:

1. A health problem exists in a significant proportion of the population and causes substantial mortality or morbidity.
2. There is good knowledge about preventable factors that are amenable to intervention.
3. Evidence is available on population based strategies likely to have a significant impact on the problem.

In general, National, State, and Local overall priorities will coincide e.g. Tobacco control, preventing obesity in children and adults, reducing alcohol related harm, and preventing and reducing injurious falls in the elderly.

Other Areas of Interest

There are other topics of concern to the NS&CC Health Promotion Service, but other services or groups may take the lead role. These include mental health, immunisation, Aboriginal health, youth health, multicultural health, nutrition, sexual health, women's and men's health among others.

Ways of working that define our service

Population health promotion is about creating conditions that support the best possible health for everyone. It is about reducing unnecessary suffering and enabling people to live longer, fuller, happier lives. (Saskatchewan Health 2002)

1. Our strategies are aimed at populations, not at service provision to consecutive individuals.
2. All major projects are planned, implemented, and evaluated in a systematic way. The bulk of our work is proactive rather than reactive.
3. Any substantial work in Health Promotion must involve at least a majority of the Ottawa Charter fields. Using only one may mean the work is good education, or good public relations, or good clinical practice; but it will not be Health Promotion.
4. The most effective strategies are not always popular strategies, and may involve confronting profit motives or difficult substitution behaviours (eg. prosecuting tobacco retailers, banning smoking in public places, random breath testing, insisting on responsible service of alcohol).
5. Identifying, influencing & working collaboratively with key partners is essential to make the best use of resources.
6. Health Promotion operates in the marketplace of ideas. We aim to be innovative in planning and to take advantage of strategic opportunities when they arise.
7. We strive to spread the philosophy of health promotion so that other services, organisations, or groups will work both independently and collaboratively jointly to improve health – as NSW Health puts it...*prevention is everyone's business*.
8. Health Promotion considers the social and environmental determinants of health as part of its planning process. (Income & social status; social support networks; education and literacy; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; health services; gender; culture.) (Health Canada 2006)

TOBACCO CONTROL

In 1945, almost two thirds of Australian males and one quarter of females smoked. Today, less than one fifth of males and less females smokes on a daily basis. Despite this reduction in the number of smokers in Australia, smoking still remains the number one preventable cause of death and disease, although some debate exists as to when increasing obesity will overtake the declining tobacco toll.

Tobacco smoking was responsible for 8% of the total burden of disease in Australia in 2003, with lung cancer, chronic obstructive pulmonary disease, and ischaemic heart disease accounting for more than three-quarters of this burden (Bedd et al. in press). In 2010, the smoking rate for people in NSW who reported daily or occasional smoking was 15.8%, the Central Coast LHD smoking rate was 15% and in the Northern Sydney LHD the rate was 10.2%.

Smoking rates are known to increase with increasing socio-economic disadvantage. For example: smoking rates are higher amongst *manual* and *factory workers* than *office workers* and *professionals*. Aboriginal people also have higher smoking rates. We also know that early school leavers are more likely to smoke than those with higher levels of education. Economists would say it has become an inferior product with increased use by the poorest, like potatoes in Ireland in the 19th Century.

Workplace smoking restrictions, tobacco advertising bans, anti tobacco mass media campaigns, and price increases have contributed to the reduced smoking rate.

A discussion paper Strategic Directions for Tobacco Control in NSW 2011-2016 has identified eight priority areas for action. The NS&CCH Health Promotion Tobacco Program Group has several Projects which encompass the areas identified.

- 1. Smoking Cessation**, The Quitline number and new website www.icanquit.com.au is promoted and Quitline Referral forms have been distributed to most clinical areas and GPs across the service.
- 2. Exposure to Environmental Tobacco Smoke**, The service works closely with the Public Health Unit to monitor complaints about breaches of smoke-free legislation. The service has been conducting on site surveys of smoking at all the major hospital sites across the Area. These surveys provide valuable information supporting and evaluating the Area Smoke Free Policy.
- 3. Eliminate advertising and promotion of tobacco products and restrict the availability & supply of tobacco to young people**. The service works closely with the Public Health Unit to monitor and respond to complaints about breaches of advertising restrictions. Health Promotion, conjointly with the Public Health Unit, regularly tests tobacco retailers to ensure compliance with the Public Health (Tobacco) Act 2008 which prohibits the sale of tobacco products to

anyone under the age of 18. Prosecutions, with maximum publicity, have been shown to reduce the willingness of retailers to sell to under 18 year olds. This has been a major successful project of the last decade with world leading results in reducing teen smoking.

4. Continue social marketing campaigns to motivate smokers to quit. The Health Promotion Unit supports & promotes State & Federal tobacco control campaigns

5. Research, monitoring, and evaluation.

All the projects are monitored and evaluated with the short term objectives of;

- Reducing the number of people who smoke tobacco,
- Reducing the number of children and young people who take up smoking ; and
- Reducing the population's exposure to tobacco smoke.

6. Work in partnership with aboriginal communities and peak bodies to reduce smoking.

The unit works closely with the Aboriginal Health Service on various projects reduce smoking in aboriginal people.

7. Strengthen efforts to reduce smoking in low socioeconomic groups and CALD groups.

The Tougher Targets program works with social welfare agencies to address smoking in low socioeconomic communities. And as an active member of the Chinese Australian Tobacco and Health Network (CATHN), Health Promotion is focussed on promoting anti smoking messages in the Chinese community.

8. Strengthen efforts to prevent the uptake of smoking by young people.

The ongoing & regular compliance tests of tobacco retailers with feedback of results and well publicised prosecutions make it expensive and difficult for experimental smokers to get cigarettes.

Tobacco control is a fast moving and ever changing field. New avenues for success may come along at any time, from any direction. We will continue to explore new ways to reduce tobacco consumption and take advantage of new opportunities as they arise. It is also important to attempt to predict changes which may occur.

Large scale difficulties in the national economy could lead to an arrest of the downward trend in smoking rates in Australia.

As referred to earlier, tobacco is an 'inferior product' so reduction in individuals' economic circumstances could see consumptions rise, as this still comparatively cheap recreational drug becomes more often the drug of choice.

Sales to Minors: reducing smoking up-take by young people			
Goal	To reduce overall smoking rates by decreasing the number of under-18 year olds who commence regular smoking		
Target Group/s	People aged under 18 year, tobacco retailers and general community.	Target Location	Northern Sydney & Central Coast
Objectives & Strategies (what we will achieve & how we will do it):		Indicators of achievement (how we measure our action):	
Key Responsibility	Don Cook (Central Coast) Carly Haynes (Ryde) Nigel Tebb (Northern Beaches)	Phone: 4349 4812 Phone: 9858 7611 Phone: 9976 9528	Email: dcook@nsccahs.health.nsw.gov.au Email: chaynes@nsccahs.health.nsw.gov.au Email: ntebb@nsccahs.health.nsw.gov.au

Tobacco Control in the Chinese Community			
Goal	To improve the health of Northern Sydney Chinese communities by eliminating or reducing their exposure to tobacco in all its forms		
Target Group/s	Chinese communities	Target Location	LGA's in Northern Sydney
Key Responsibility	Chris Pearce	Phone: 8877 5353	Email: crpearce@nsccahs.health.nsw.gov.au

Tougher Targets			
Goal	To improve the health of disadvantaged people in Wyong LGA by reducing their exposure to tobacco in all its forms		
Target Group/s	Disadvantaged communities	Target Location	Wyong LGA
Partners	Cancer Council, Aboriginal Health, Social Welfare Agencies		
Key Responsibility	Don Cook	Phone: 4349 4812	Email: dcook@nsccahs.health.nsw.gov.au

You Just Don't Smoke Around Hospitals			
Goal	To improve compliance with Smoke-Free Policy.		
Target Group/s	Visiting public, patients and staff	Target Location	Central Coast
Partners	Gosford & Wyong Site Management, NSW Centre for Health Advancement		
Key Responsibility	Douglas Tutt	Phone: 4349 4811	Email: dtutt@nsccahs.health.nsw.gov.au

OVERWEIGHT & OBESITY PREVENTION

Like other developed countries, Australia is experiencing an increase in the problem of unhealthy weight. Of adults aged 25 years and over, sixty-seven percent of men and fifty-two percent of women were classified as overweight or obese (ie, with a BMI greater than 25) in 1999-2000, and rates were increasing at almost one percent per year. The Chief Health Officer Report of 2010 showed that 60% of NSW males 16+ and 46 % of women are overweight or obese. "High body mass" accounted for 9% of the total burden of ill health in 2003. Over three quarters of this burden was accounted for by Type 2 Diabetes and Ischaemic Heart Disease. Overweight and obesity cost the Australia community \$8.3 billion in 2008. At the state level, in both the State Plan and the NSW State Health Plan 2006-2010, the NSW Government has nominated the reduction of obesity as a priority across the community.

The rates of increase are even more rapid among children and young adults. In the last fifteen years, rates of obesity have tripled in Australian children, although this appears to be stabilising. The State's School Physical Activity and Nutrition Survey (SPANS) reveals nearly one quarter of school children aged between 5-16 years are overweight or obese.

Overweight children may be up to twice as likely to be overweight or obese in adulthood. Adolescent overweight is associated with a broad range of adverse health effects in later life which are independent of adult weight after 55 years. Overweight and obesity is associated with lower socio-economic position - both household income and relative disadvantage of area of residence. Research undertaken by the NS&CC Public Health Unit showed that the concentration of overweight and obese people is on the Central Coast.

A genetic predisposition of some individuals to obesity cannot explain recent population increases in obesity and overweight. The NSW Childhood Obesity Summit (September, 2002) argued that Australian children are eating more, are less active, and spending more time watching television or playing electronic games. Many cultural, environmental and social factors influence these trends. The summit noted that the area is challenging due to the paucity of demonstrably successful interventions. However, increasing physical activity, reducing sedentary behaviour, reducing consumption of energy dense foods and substituting fruit and vegetables have been identified as key behaviours. To ensure behaviour change across the whole community it recommended the creation of supportive environments and policies.

Our Program

To address the different requirements of children and adults Health Promotion organises its programs in settings. We work with partners on projects to encourage physical activity and healthy eating in six settings: schools, early childcare, built environments, workplaces and home and community settings. Current projects like The Coast in Motion and Go Active 2 Work aim to provide supportive environments and appropriate policy for healthy eating, physical activity and to encourage the use of sustainable transport. New avenues for engaging the wider community are beginning to be implemented. We are working with partners to encourage supportive environments for breastfeeding and healthy eating in home and community settings. Where appropriate, projects are tailored to meet the requirements of specific populations including culturally and linguistically diverse (CALD) communities, indigenous communities and socially disadvantaged groups.

NSW Health has provided additional funding to support two state-wide initiatives: Live Life Well@School and Munch and Move. Live Life Well@School includes aspects of our successful Q4: Live Outside the Box project. In the early childcare setting, Munch and Move is designed to strengthen the development of skills for physical activity and healthy eating. Health Promotion is actively involved in disseminating government social marketing campaigns such as the NSW Get Healthy Coaching & Information Service, "Go for 2 and 5", and other special projects.

2011-2012 will see the expansion of Live Life Well and Munch and Move with additional Federal partnership money as the "Healthy Children's Initiative", providing a support service to primary school, and to early childhood services.

Live Life Well @ School			
Goal	To contribute to an increase in the proportion of primary school children who are in the healthy weight range.		
Target Group/s	Primary school children and their parents/ carers /families, teachers and staff, & school communities.	Target Location	Northern Sydney and Central Coast DEC primary school communities.
Key Responsibility	Jane Whatnall Justine Gowland-Ella (Central Coast) Rachel Wilkenfeld (Lower North Shore) Eve Clark (Northern Beaches) Carly Haynes (Ryde Hornsby)	Phone: 4349 4869 Phone: 4349 4815 Phone: 9462 9571 Phone: 9976 9826 Phone: 8877 5329	Email: jwhatnall@nscchahs.health.nsw.gov.au Email: jgowland@nscchahs.health.nsw.gov.au Email: rlwilken@nscchahs.health.nsw.gov.au Email: ebclark@nscchahs.health.nsw.gov.au Email: cehaynes@nscchahs.health.nsw.gov.au

Go Active 2 School			
Goal	To support physically active, safe travel to primary school.		
Target Group/s	Students (and parents/carers) attending Eastwood Heights Primary and Eastwood Primary Schools	Target Location	Schools in the Ryde Local Government Area
Partners	Ryde Primary, Putney Primary, West Ryde Primary, Eastwood Primary, Eastwood Heights Primary, North Ryde Primary, Holy Spirit Primary School; St. Charles Primary, Ryde Council, Cancer Council, Transit Graphics, Local Police, DET.		
Key Responsibility	Chris Pearce (interim)	Phone: 8877 5353	Email: crpearce@nscchahs.health.nsw.gov.au
Other Project Staff	Darryn Piper, Patricia Krolik, Chris Lawrenson		

Nutrition in Northern Sydney and Central Coast School Canteens			
Goal	To increase the proportion of school children making healthy food choices		
Target Group/s	Primary and Secondary School Communities, including Canteen workers.	Target Location	Northern Sydney & Central Coast
Key Responsibility	Justine Gowland-Ella	Phone: 02 4349 4815	E: jgowland@nscchahs.health.nsw.gov.au
Key Responsibility	Susan Dumbrell	Phone: 028877 5330	Email: Sdumbrell@nscchahs.health.nsw.gov.au

Q4: Family ACTIVation Pack

Goal	To increase participation in physical activity among primary school children and their families		
Target Group/s	Primary school children and their parents / carers & (families)	Target Location	Central Coast
Key Responsibility	Justine Gowland	Phone: 43494815	jgowland@nsccaahs.health.nsw.gov.au

PDHPE Network

Goal	To increase the provision of physical activity and healthy eating education in Central Coast primary schools.		
Target Group	Primary School teachers and principals	Target Location	Central Coast
Key Responsibility	Jeff Smith	Phone: 4349 4817	Email: jgsmith@nsccaahs.health.nsw.gov.au

Munch & Move

Goal	To contribute to an increase in the proportion of children in a healthy weight range		
Target Group/s	Children aged 0-5 attending preschools and long day care centres Staff working in preschools and long day care centres	Target Location	Northern Sydney and Central Coast
Key Responsibility	Sally Inglis	Phone: 9976 9876	scinglis@nsccaahs.health.nsw.gov.au

Healthy Fundraising in Schools

Goal	To increase the use of healthy food and activity options as fundraising activities in primary schools		
Target Group/s	Primary school children and their parents/carers. Teachers and other school staff	Target Location	Hornsby LGA
Key Responsibility	Barbara Humphrey	Phone: 8877 5184	Email: bhumphre@nsccaahs.health.nsw.gov.au

Ready Set Grow - phases 1 and 2

Goal	Increase the proportion of school aged children who make healthy food choices		
Target Group/s	Pre, primary and secondary schools	Target Location	Northern Beaches
Key Responsibility	Eve Clark	Phone: 9976 9826	Email: ebclark@nsccaahs.health.nsw.gov.au

Ride 2 School

Goal	To increase participation in active travel to and from school		
Target Group/s	Primary school students and parents	Target Location	Primary schools in the Warringah LGA
Key Responsibility	Eve Clark/Melissa Palermo	Phone: 9976 9579/9826	Email: mpalermo@nsccaahs.health.nsw.gov.au Or ebclark@nsccaahs.health.nsw.gov.au
Other Project Staff	R & E Staff		

Go Healthy with the new Food and Drink Choices

Goal	Increase the availability of healthy food and drink choices for staff and visitors to NS & CC sites		
Target Group	All NS&CC staff and visitors	Target Location	Northern Sydney & Central Coast
Key Responsibility	Susan Dumbrell	Phone: 8877 5330	Email: Sdumbrel@nsccaahs.health.nsw.gov.au

Measure Up 4 Cycling (MU4C)

Goal	Increase the proportion of adults in a healthy weight range		
Target Group/s	Community	Target Location	Central Coast
Key Responsibility	Nigel Tebb	Phone: 43494826	ntebb@nsccaahs.health.nsw.gov.au

Open Space 4 Health

Goal	To create urban environments supportive of active, healthy living by influencing future policies and practices on public open space		
Target Group	Local & State Government authorities responsible for public open space provision, Community.	Target Location	Central Coast (Gosford City Council area)
Key responsibility	Nigel Tebb	Phone 43494826	ntebb@nsccaahs.health.nsw.gov.au

Go Active 2 Work			
Goal	Increase the proportion of adults in a healthy weight range		
Target Group	Local Health Network facilities and community	Target Location	Northern Sydney & Central Coast
Key responsibility	Melissa Palermo	Phone 9976 9579	mpalermo@nsccaahs.health.nsw.gov.au

Go Active @ Macquarie			
Goal	To encourage and support an increase in participation in physical activity and active, environmentally sustainable forms of transport across Macquarie Hospital Campus.		
Target Group	Local Health District facilities staff, onsite organisations, consumers and community	Target Location	Macquarie Hospital Campus
Key responsibility	Chris Pearce	Phone 88775353	crpearce@nsccaahs.health.nsw.gov.au

Urban Planning for Health (UP4Health)			
Goal	Contribute to a decrease in population overweight and obesity		
Target Group	Local Government & other key agencies	Target Location	NS&CC
Key responsibility	Melissa Palermo	Phone 9976 9579	mpalermo@nsccaahs.health.nsw.gov.au

FALLS INJURY PREVENTION

Falls are a major cause of harm to older people and fall-related injuries impose a substantial burden on the health care and aged care systems. However research has demonstrated that many falls can be prevented. In 2009 26% of NSW residents aged 65 years or older fell at least once in the previous 12 months. In NSW each year falls lead to approximately 27000 hospitalisations and at least 400 deaths in people aged 65 years and over. Age standardised rates of falls related hospitalisations among older people have been increasing for more than 10 years. The target for Health Promotion is to prevent further increases in the rate of these fall related hospitalisations.

Injuries due to falls in older people are a serious yet potentially preventable cause of mortality and morbidity. As the Australian population is ageing rapidly, the expected growth of fall-related injury deaths and hospitalisations is expected to be considerable over the next ten years. In NSW falls injury prevention in older people has been identified as a state priority topic for injury prevention. The effects of falls are costly to the individual in terms of health, function and quality of life.

One of the major risk factors for falls among older people is lack of physical activity and the resulting reduction in muscle strength and tone. Health Promotion is addressing this risk factor through physical activity projects such as Active Over 50 and Healthy Lifestyle. Falls Prevention projects also aim to provide older people and their families and carers with information about action they can take to reduce the risk of falls and injury from falls.

Active Over 50			
Goal	To improve health amongst older adults on the Central Coast through provision of organised physical activity		
Target Group	Central Coast residents aged 50 years and over.	Target Location	Central Coast
Key Responsibility	Gina Stuart	Phone: 4349 4813	Email: gstuart@nsccahs.health.nsw.gov.au

Healthy Lifestyle			
Goal	To enhance the health and wellbeing of older people to maintain quality of life and independent living.		
Target Group/s	Older adults aged over 50	Target Location	Northern Sydney
Key Responsibility	Dianne Munson	Phone: 8877 5301	Email : dmunson@nsccaahs.health.nsw.gov.au
Project Staff	Gunilla Rupp, June Jones, Teresa Gray, Michelle Wythes, Carrie Tang, Chris Lawrenson		

Being Active Staying Safe			
Goal	To prevent falls amongst older adults by raising awareness, providing appropriate exercise classes and increasing access to the classes.		
Target Group/s	Frail isolated older adults (including a Chinese group) identified with falls 'risks' and have a history of previous falls (including	Target Location	Willoughby and Lane Cove catchment area
Key Responsibility	Sally Castell	Phone: 8877 5306	Email: scastell@nsccaahs.health.nsw.gov.au
Project Staff	Chris Lawrenson		

Falls Are Preventable			
Goal	To prevent further increases in the rate of fall related hospitalisations		
Target Group/s	Central Coast residents aged 50 +	Target Location	Central Coast, with particular reference to Wyong Shire
Key Responsibility	Helen Kale	Phone: 4349 4814	Email: hkale@nsccaahs.health.nsw.gov.au

Falls Are Preventable - DVD			
Goal	To prevent further increases in the rate of fall related hospitalisations		
Target Group/s	Central Coast residents aged 50 +	Target Location	Central Coast
Key Responsibility	Annie Warn	Phone: 4349 4811	Email: awarn@nsccaahs.health.nsw.gov.au

ALCOHOL

Alcohol is the most commonly used recreational drug in Australia. It is associated with a high risk of injury in many settings, including motor vehicle accidents, falls, fires, drowning, sports and recreational injuries, alcohol poisoning, overdose, assault, violence and intentional harm.

Although alcohol kills less Australians each year than tobacco, it tends to kill in younger years with deaths from motor vehicle accidents, other accidents and violence concentrated among the young. Costs to the Australian health system exceed those for obesity, falls and tobacco. Any single occasion of heavy drinking increases the risk of injury and death for the drinker and may place others at risk.

Adolescents and younger adults are particularly vulnerable. Heavy drinking in this group can form part of a pattern of risk-taking behaviour. It has been estimated that one Australian teenager dies and more than 60 are hospitalised each week from alcohol-related causes. According to results of the 2007 NSW Population Health Survey, 35% of respondents within NSCCH reported 'at risk' drinking behaviour compared to 32% in NSW overall. In addition, 58% of respondents aged 16 to 24 years within NSCCH reported 'at risk' drinking behaviour compared with 45% in NSW. By 2009 the NS & CC figure had fallen to 31.5% of all adults reporting 'at risk' drinking.

According to the *National Drug Strategy Household Survey*, in 2007:

- 89.9% of Australians aged over 14 years had drunk alcohol at some stage in their life.
- 41.3% of drinkers consumed alcohol on a weekly basis.
- The average age at which Australians first tried alcohol was 17.0 years

One of the most disturbing recent trends in alcohol in Australia has been the dramatic increase in risky drinking by young teenage women. Among adolescents aged 16-17 years: Females increased risky drinking levels from 15.0 to 25.0 per 10000 people with a corresponding increased presentations at hospital accident and emergency wards linked to "acute intoxication" (Livingston M., Recent trends in risky alcohol consumption and related harm among young people in Victoria, ANZ J Public Health, 2008, 32, 3 266-271.).

A range of strategies have been introduced to combat alcohol related harm. Action at the national level includes the introduction of an 'alcopops tax' and a broad social marketing campaign aimed at influencing Australia's drinking culture. State level strategies include targeting the conduct of licensed premises and increasing maximum penalties for secondary supply of alcohol to minors.

NS&CC Health Promotion will continue their leadership role in a number of alcohol harm prevention initiatives. Much of this work is in partnership with community and public sector agencies including local councils, Police, Community Drug Action Teams, Liquor Accords, sporting organisations, the Australian Drug Foundation and other non-government organisations.

Supply Means Supply – Most People Don't...

Goal	To reduce alcohol related harm amongst young people		
Target Group	Coaches & Managers of junior sporting clubs, parents of players, junior players	Target Location	Central Coast
Key Responsibility	Annie Warn (Central Coast)	Phone: 4349 4811	Email: Awarn@nsccaahs.health.nsw.gov.au

Eastwood Gladesville Liquor Accord Project

Goal	To reduce alcohol related harm among young people on and around licensed premises.		
Target Group	<ul style="list-style-type: none"> • 18-24 year olds • Patrons of licensed venues • Staff of licensed premises 	Target Location	Ryde, Hunters Hill and Hornsby Local Government areas.
Key Responsibility	Carly Haynes (Macquarie)	Phone: 8877 5329	Email: cehaynes@nsccaahs.health.nsw.gov.au

FACILITATION OF HEALTH PROMOTION IN OTHER SERVICES

Developing and sustaining partnerships with other services and organisations is a vital component of health promotion practice; and we work with a wide range of partners to achieve positive health promotion outcomes. However, facilitating and encouraging enthusiasm and commitment in other services or organisations to become health promotion champions, takes the partnership concept a stage further. This process involves nurturing a deeper understanding of the philosophy of population health promotion to move towards meaningful action.

Health Promoting High Schools			
Goal	To assist Central Coast Secondary Schools to use a whole school approach to health based issues using the Health Promoting Schools (HPS) Framework.		
Target Group	Central Coast Secondary School communities	Target Location	Central Coast
Key Responsibility	Justine Gowland-Ella	Phone: 02 4349 4815	Email: jgowland@nsccaahs.health.nsw.gov.au

Health Promotion Seeding Grants			
Goal	To increase school health promotion activities within all schools in the Northern Sydney region.		
Target Group/s	Primary & secondary schools	Target Location	Northern Beaches, Lower North Shore, Ryde, Hunters Hill & Hornsby-Ku-ring-gai
Key Responsibility	Eve Clark (Northern Beaches)	Phone: 9976 9826	Email: ebclark@nsccaahs.health.nsw.gov.au

EMOTIONAL AND SOCIAL HEALTH

Mental health promotion is any action taken to maximise mental health and wellbeing among populations and individuals. It includes changing environments – social, physical, economic, educational, cultural; enhancing coping capacity; and giving power, knowledge, skills and resources to individuals, families, communities and groups. Current concepts of emotional social health reflect a number of themes:

- Emphasis on health and well being rather than illness
- Placing the healthy individual in the context of a healthy community
- Recognising the interconnectedness of predisposing and precipitating factors
- Promoting resilience as much as it manages risk (protective and risk factors)
- Focus on improving environments (social, emotional, spiritual, physical and economic), and enhancing the coping capacity of communities as well as individuals.

Worldwide the burden of mental health problems and mental disorders are responsible for almost 11 percent of total disease burden which is predicted to increase to 15 percent by 2020. It is estimated that depression alone will constitute one of the greatest health problems within Australia by 2020. The prevalence of related problems such as substance misuse and self-harming behaviours has added to our communities' vulnerability. The undefined burden relates to the impact of emotional and social problems on families and communities in terms of both human and economic costs.

Mental health is fundamental to our physical health, our quality of life and our productivity. The enormous personal, social and financial burden associated with emotional and social health problems has highlighted the need for effective action to promote mental health and prevent the development of mental health problems. A whole of community response is required to maximize the mental health potential of all community members. Effective action requires cooperation, commitment and partnership that reach well beyond that of our health services.

The evidence base for mental health promotion currently confirms that parenting programs and school-based and work-related programs can achieve positive mental health outcomes, in terms of reduced risks and increased functioning. There is also support for media campaigns in conjunction with appropriate community activities improving mental health literacy. The resilience literature supports the enhancement of social support and community connectedness initiatives.

Childbirth and Early Parenting Education			
Goal	To improve the physical, emotional and social wellbeing of babies and children by preparing parents and carers for pregnancy, childbirth and early parenting		
Target Group/s	Early Life 0-5	Target Location	Lower North Shore
Key Responsibility	Sue Spencer	Phone: (02) 9462 9570	Email: sspencer@nsccaahs.health.nsw.gov.au

Northern Sydney Youth Health Promotion			
Goal/s	To improve the health and well being of young people in the Northern Sydney area, with a focus on addressing youth health issues related to tobacco, alcohol and obesity.		
Target Group/s	Young People (12-24 years old)	Target Location/s	Lower North Shore, Hornsby-Ku-ring-gai, Northern Beaches, Ryde/Hunters Hill,
Key Responsibility/s	Leonie Grejsen (Contact Person) Belinda Luca (Coordinator – on leave) Julie Dunsmore Health Promotion Manager LNS	Phone: (02) 9462 9567 Phone: (02) 9462 9566	Email: lgrejsen@nsccaahs.health.nsw.gov.au

HEALTH PROMOTION UNITS	PHONE	FAX
Central Coast Health Promotion Unit Central Coast Area Health Service, PO Box 361, Gosford NSW 2250 Ourimbah Centre for Health & Planning, University of Newcastle, Brush Rd, Ourimbah 2258)	4349 4800	4349 4866
Ryde & Hornsby Ku-ring-gai Health Promotion Unit The Lodge, Macquarie Hospital, Locked Bag 2220, North Ryde NSW 1670 The Lodge (Building 37), Macquarie Hospital Cnr Twin & Badajoz Rds, North Ryde	887 75321	887 75310
Lower North Shore Health Promotion Unit Level 5, RNS Community Health Centre 2c Herbert St, St Leonards 2065	9462 9567	9906 7529
Northern Beaches Health Promotion Unit Manly Hospital, PO Box 465, Manly NSW 1655 Manly Hospital, Darley Rd Manly	9976 9531	9977 7531
Healthy Lifestyle The Lodge, Macquarie Hospital, Locked Bag 2220, North Ryde NSW 1670 The Lodge (Building 37), Macquarie Hospital Cnr Twin & Badajoz Rds, North Ryde	8877 5300	8877 5339

GO ² WORK ACTIVE



Northern Beaches Health Service Workplace Travel Plan 2009 – 2012

A NSCCH Health Promotion initiative



Introduction

Active transport is recognised as an essential element of sustainable transport systems in the world's most liveable cities. The available evidence indicates that active transport – such as walking, cycling and public transport – has a number of interrelated benefits including:

- improved health of individuals;
- reduced traffic congestion, noise and air pollution caused by cars; and
- improved sociability within communities.

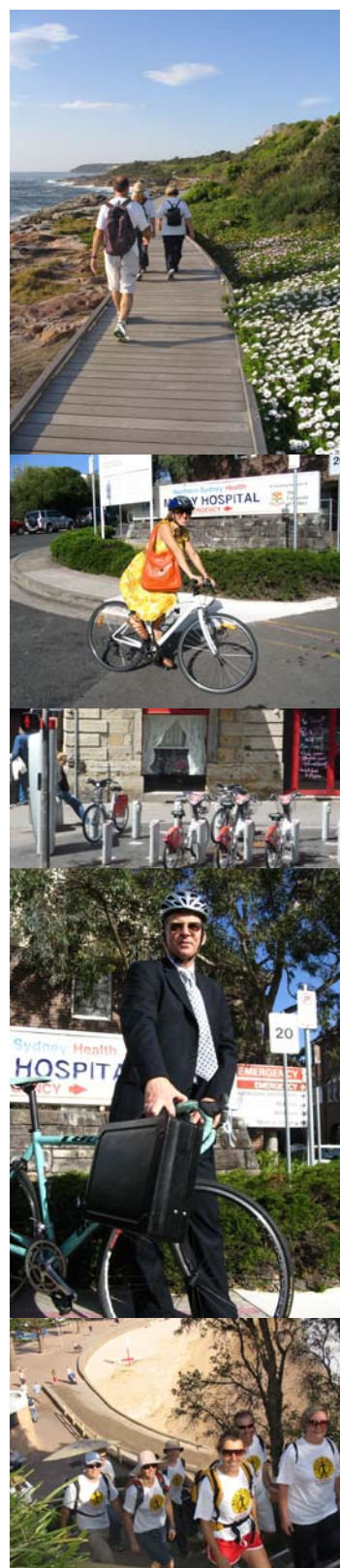
The *Go Active 2 Work* project focuses on active transport as a means of improving the health and wellbeing of staff within the Northern Sydney Central Coast Area Health Service. Intended outcomes of *Go Active 2 Work*, which is being piloted within the Northern Beaches Health Service (NBHS), include:

- Decreased car dependency and its impact on the environment; and
- Increased incidental physical activity of staff.

These outcomes are consistent with the larger goals set by the *NSW State Plan (2006)* in the areas of Healthy Communities (S3); High Quality Transport System (S6); Practical Environmental Solutions (E3); and Improved Urban Environments (E8). *Go Active 2 Work* demonstrates leadership in these areas, and it is also directly aligned with the *NSW Health Healthy Workforce Policy (2008)*.

The proposed hospital development at Frenchs Forest provides further opportunity for NBHS to demonstrate leadership, especially in relation to the NSW Government's 2008 Sustainability Policy commitment of making its institutions carbon neutral by 2020

This document, the *NBHS Workplace Travel Plan* is a component of *Go Active 2 Work*. It is based on the results of site audits (at Manly and Mona Vale hospitals) and a survey of the travel habits and attitudes of 578 NBHS staff.



Workplace travel audit and staff survey

Workplace audits were undertaken at both Manly Hospital and Mona Vale Hospital on 8 November 2007. They included interviews with managers from Fleet Services and Human Resources, inspections of infrastructure such as end of trip facilities (eg showers, lockers, change-rooms, bicycle racks), and a review of parking availability.

Parking pressures were evident at both sites, particularly at Manly Hospital, where 22% of cars were illegally parked in the period 11am to 12 noon. End-of-trip facilities were generally inadequate. There was use of videoconferencing facilities, reducing the need for some trips between the sites. Information about public transport was not routinely provided to staff and no carpooling programs were available.

Fleet operations made little use of information technology for the booking and tracking of vehicles, with most bookings made in person or by telephone. Log book details of journeys were recorded and filed in hard copy format only.

The *Go Active 2 Work Staff Transport Survey* was conducted over two weeks from 22 October 2007. Five hundred and seventy eight (578) staff completed paper or online versions of the survey.

This was considered to be a high response rate given that the NBHS has about 980 full time equivalent staff.

CASE STUDY: END-OF-TRIP FACILITIES

Engineering consultancy firm Arup (Melbourne office) has recorded a remarkable drop in the numbers of staff driving to work alone since providing bicycle parking facilities.

The number of staff cycling to work increased from a base of 5.8 percent in 2005 to 14.1 percent in 2007.

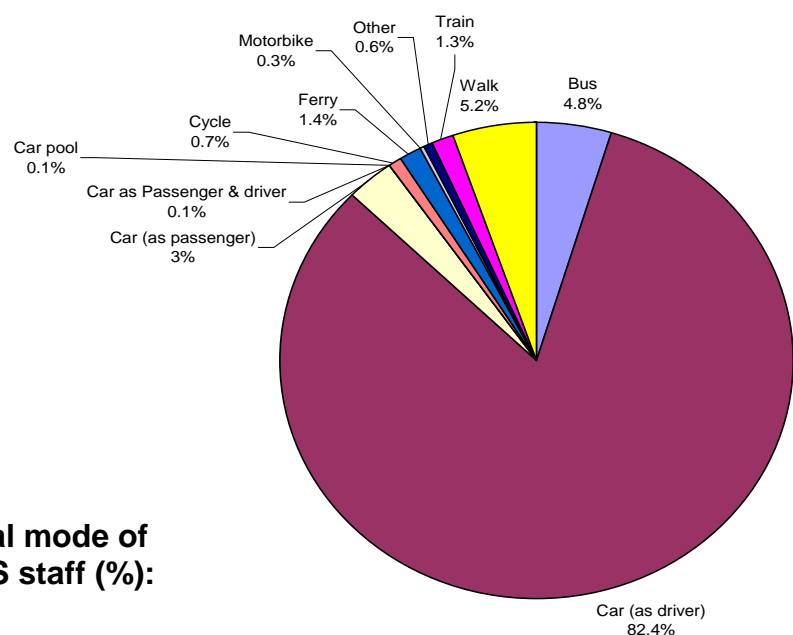


Figure 1. Usual mode of travel of NBHS staff (%):

The survey asked respondents to nominate their usual mode of travel as well as the mode of travel on the 'target day', being 22 October 2007. A relatively high percentage of staff (82.4%) indicated that they usually drive to work alone, as shown in Figure 1. The main reasons for mode of travel on the target day were *length of journey* (30%), *convenience* (28%) and *dropping off other people* (8%).

Reasons for travel to work are either 'soft' or 'hard' factors. Soft factors are based more on the perception of the respondents and are therefore more easily influenced. Conversely, 'hard' factors are less amenable to change. Encouragingly, a high percentage of respondents reported soft factors as the reason for their particular mode of travel.

Respondents were asked to nominate two incentives to change their travel behaviour, as shown in Figure 2. The responses in dark green are those over which NSCCAHS has direct control. Public transport information was nominated by 30% and improved showering and changing facilities was nominated by 20%.

CASE STUDY: CAR POOLING

Nestle developed a travel plan for 1600 employees as part of a relocation to a less accessible site in Noisel, France.

The travel plan had a strong emphasis on carpooling and included a matching service, financial incentives, designated parking and vehicle checks.

As a result, Nestle registered 550 staff for car pool matching with 125 becoming regular carpoolers.

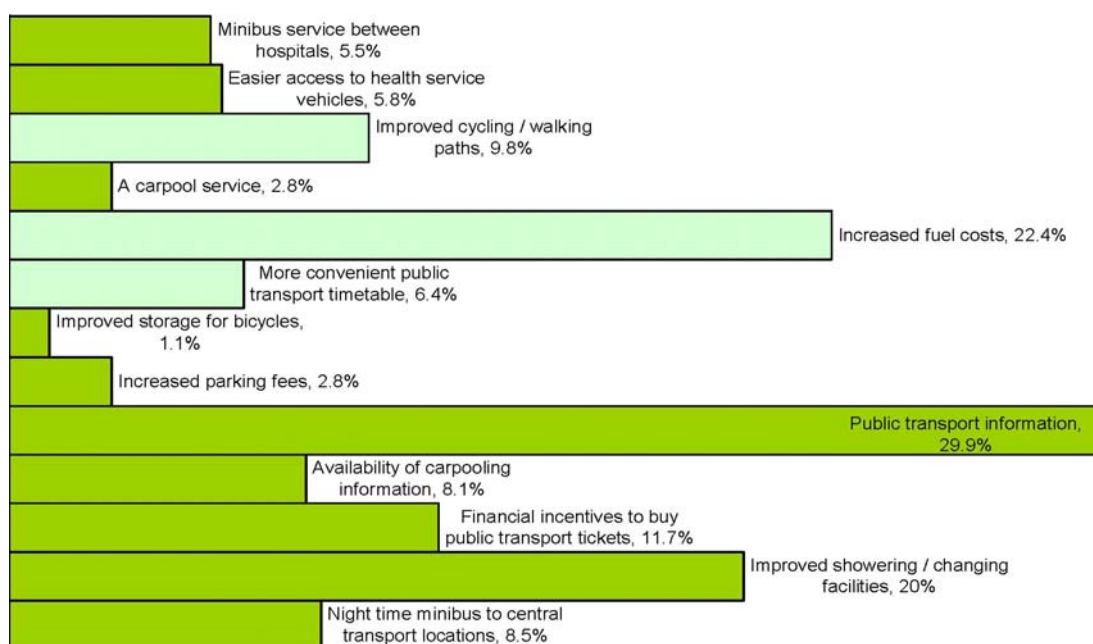


Figure 2. Incentives to encourage change in travel behaviour

Conversely, the availability of free parking is an incentive to continue travelling to and from work by car. The survey showed that 89% of staff does not pay for parking and that 9.6% pay less than \$5 per day.

Cycling potential

Cycling is considered a viable active transport option for staff who live up to 5 km from their place of work. The map below shows that a number of staff live within 5 km from Mona Vale Hospital and Manly Hospital, particularly the latter.



NBHS Workplace Travel Plan

The NBHS Workplace Travel Plan has been informed by the workplace audit and staff travel survey. It focuses on influencing staff travel behaviour towards a greater uptake of active transport modes, both for commuting and business travel. The actions in the plan are both realistic and challenging in their scope for the service.

The objectives of the *NBHS Workplace Travel Plan* (pages 7-9) are to:

1. Increase public transport use by developing targeted information and incentives for potential public transport users;
2. Increase cycling and walking by staff who live within 5km from work through improved end-of-trip facilities and other targeted strategies.
3. Improve parking management at both Manly and Mona Vale hospitals and at the proposed Frenchs Forest hospital site; and
4. Investigate feasibility of implementing carpool and shuttle-bus programs.

The actions in the *NBHS Workplace Travel Plan* will be implemented over three years. The lead agency for each action is NSCCH Health Promotion unless indicated otherwise. Progress will be evaluated by repeat survey and audit at the end of the three years.



CASE STUDY: WORKPLACE TRAVEL PLAN

Since Vancouver General Hospital developed a workplace travel plan in 1995, single occupancy vehicle driver rates have dropped by 1.6%, public transport use has increased by about 25%, and cycling has increased from 4.5% to 5.5%.

The plan provides a shuttle bus service to transport hospital staff between sites (approximately 2,100 trips per month carrying 9,000 passengers).

The shuttle bus is also used to transport equipment, supplies, and documents between sites, saving member hospitals approximately \$200,000 each year in courier costs.

Another 500+ staff members' car pool.

A payroll deduction program that allows employees to purchase bus passes at a 15% discount.

Additional shower and change facilities, and secure cycle cages have also been installed.

NBHS Travel Plan 2009-2012

1. PUBLIC TRANSPORT <i>Increase public transport use by developing targeted information and incentives for potential public transport users.</i>	Completed by		
	2009	2010	2011
1.1 Promote public transport and provide information			
1.1A. Develop a transport access guide for both Manly and Mona Vale hospitals showing safe walking routes to local facilities, such as shops and bus stops.	•		
1.1B. Provide a noticeboard with leaflets and State Transit maps showing the main public transport routes to and from both Manly and Mona Vale hospitals.	•		
1.1C. Promote the NSW Government <i>131 500 Transport Infoline</i> through the NSCCAHS intranet and payslips.	•		
1.1D. Provide information about public transport to new staff in their orientation kits.		•	
1.2 Establish new services and improve existing services			
1.2A Investigate the feasibility of incentives for staff to buy long term public transport tickets (such as <i>Flexipass</i>)		•	
1.2B Liase with Manly Council regarding possible route alteration of the community <i>Hop, Skip and Jump</i> bus, to include a trip from Manly CBD to the hospital.		•	
1.2C Advocate for the installation of bicycle racks on NorthernBeaches buses.			•

2. WALKING and CYCLING <i>Increase cycling and walking by staff who live within 5km from work through improved end-of-trip facilities and other targeted strategies. Incorporate walking and cycling infrastructure in the planning of the proposed Frenchs Forest hospital development.</i>	Completed by		
	2009	2010	2011
2.1 Promote and support cycling and walking			
2.1A. Disseminate resources to encourage higher rates of walking and cycling.	●	●	●
2.1B. Establish links with local Bicycle Users Groups (BUGs) to encourage cycling.		●	
2.1C. Promote <i>National Walk to Work Day, National Ride to Work Day</i> and <i>NSW Bike Week</i>	●	●	●
2.1D. Initiate practical activities such as 'Get Back on Your Bike' workshops, training in cycle skills and cycle maintenance and in partnership with local bicycle retailers provide an accessible cycle maintenance service.		●	●
2.1E Develop and implement NSCCAHS Cycling Policy		●	
2.2 Facilities and infrastructure support			
2.2A. Ensure there are enough lockers at both Manly and Mona Vale hospitals to cater for demands of current staff numbers (5 percent of full time equivalents).	●		
2.2B. Audit current shower and changing facilities at both hospitals to ensure facilities are clean, accessible and in working order. <i>* Lead agency: Engineering & Building Services</i>	●		
2.2C. Ensure there is enough bicycle parking at Manly and Mona Vale hospitals to meet demands of current staff numbers (5 percent of FTEs) and for visitors. <i>* Lead agency: Engineering & Building Services</i>		●	
2.2D. Provide bicycle fleet for short trips during the day		●	
2.3E. Audit existing footpaths on both sites and upgrade to meet staff needs, if necessary. <i>* Lead agency: Engineering & Building Services</i>		●	
2.3F. Plan for adequate end of trip facilities for the new site at proposed Frenchs Forest (7 percent of full time equivalents). <i>* Lead agency: Northern Beaches Health Service Redevelopment Project</i>		●	

3. PARKING <i>Plan and implement active parking management at both Manly and Mona Vale hospitals and at the proposed Frenchs Forest hospital development.</i>	Completed by		
	2009	2010	2011
3A. Participate in projected parking management studies and policy formation. * <i>Lead agency: Fleet Services</i>		●	
3B. Develop a parking management system at the proposed Frenchs Forest hospital development to manage travel demands eg. car pool scheme. * <i>Lead agency: Northern Beaches Health Service Redevelopment Project</i>			●
4. CAR POOLING <i>Investigate and, if feasible, develop and implement a carpool program.</i>			
4A. Investigate the scope of setting up and maintaining an internal car pooling program and investigate liability issues.		●	
4B. If feasible, set up a car pooling database, management and promotion system or link with an existing carpooling system.		●	
4C. Provide preferential spaces for staff who participate in car pooling. * <i>Lead agency: Northern Beaches Health Service Redevelopment Project</i>		●	
4D. Investigate the feasibility of providing alternative transport home for staff who car pool (if required).		●	
5. FLEET MANAGEMENT <i>Develop a hospital fleet management plan to increase use of alternative transport modes for work-related travel</i>			
5A. Implement a feasibility study of a shuttle bus service between NSCCH sites and local transport hubs * <i>Lead agency: Fleet Services</i>		●	
6. REPEAT STAFF SURVEY & SITE AUDITS	2012		

Manly Hospital Transport Access Guide



**GO
ACTIVE²WORK**

This **Transport Access Guide** (TAG) provides information on how to choose a safe and healthy form of travel to and from Manly Hospital

NBHS Workplace Travel Plan 2009-12

This TAG has been produced as part of the Go Active 2 Work Northern Beaches Health Service (NBHS) Workplace Travel Plan 2009-12. The plan aims to:

- Increase public transport use by hospital staff through targeted information and incentives.
- Increase cycling and walking by hospital staff who live within 5km from work through improved end-of-trip facilities (such as bicycle storage & change-rooms) and establishing a Manly Hospital Bicycle Fleet.



- Improve parking management at hospital sites; and
- Provide staff carpooling and/or shuttle-bus programs.

The NBHS Workplace travel plan can be found at www.nscchhs.health.nsw.gov.au/healthpromotion



For further help with deciding the best way to get to and from Manly Hospital, call 131 500 Transport Info or visit 131500.com.au

131500.com.au
Transport Info
Information for people on the move

Live Life well
NSW HEALTH
NORTHERN SYDNEY
CENTRAL COAST
AREA HEALTH SERVICE

Manly Hospital
150 Darley Rd
Manly NSW 2095
Telephone: 02 9976 9611



Manly Hospital Transport Access Guide



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Information for people on the move