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HEALTHY KERRY DETAILS

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ABBREVIATIONS

CSO	Central Statistics Office
CYPSC	Children and Young People’s Services Committee
HSE	Health Service Executive
KCC	Kerry County Council
KRSP	Kerry Recreation and Sports Partnership
LCDC	Local Community Development Committee
LECP	Local Economic and Community Plan
MTU	Munster Technological University
PPN	Public Participation Network

Foreword from Cathaoirleach of KCC



As Mayor of Kerry, I am delighted to present the first Healthy Kerry Framework which will prove to be an essential and integral part of the work of my elected colleagues and Kerry County Council management in the years ahead. If the COVID-19 pandemic has taught us anything, it is that maintaining a healthy lifestyle, in all its aspects, is essential to all our lives and our well-being. This Healthy Kerry Framework gives us all a series of important aims and objectives to work towards and build on in the years ahead. Elected councillors are fully committed to supporting that endeavour and I look forward to working with everyone who worked to make this Framework a reality in the years ahead.

Councillor Patrick Connor-Scarreen
Cathaoirleach of Kerry County Council

Foreword from Chairperson of Kerry LCDC



This framework is the culmination of many months of work by the Healthy Kerry committee, in consultation with key stakeholders and partners. It builds on the health and wellbeing focus area of the Kerry Local Economic and Community Plan 2016-2021 and draws insights from the innovative and effective health and wellbeing programmes delivered through the Healthy Ireland Fund by the Healthy Kerry committee. Kerry is well-known for its' strong interagency, voluntary and community work that plays a key role in community health and wellbeing and addressing health inequalities. Kerry LCDC acknowledge that a continued partnership approach is needed to address the wider determinants of health and to tackle health inequalities in Kerry. Therefore, we are committed to working with all of the key stakeholders to coordinate the delivery of future effective initiatives and programmes according to the strategy pillars of this Healthy Kerry Framework.

Councillor Norma Moriarty
Chairperson of Kerry LCDC
Kerry County Council

Foreword from Chief Executive of Kerry County Council



The Healthy Kerry Framework 2021-2027 has been prepared at a time that has been very trying and difficult as we adjust to the fallout from the COVID-19 pandemic. Kerry County Council has a long tradition of supporting community health and wellbeing across its' various departments and with their local partners. As a result of the COVID-19 pandemic, we have strengthened our relationships with local partners to support the delivery of health and wellbeing initiatives according to emerging needs of the community. Dealing with the impact of the COVID-19 crisis on community health and wellbeing in Kerry will be a key priority over the coming years. The publication of this Healthy Kerry Framework is timely as it provides a strategy on how best to support and deal with the impact of COVID-19 on health and wellbeing in Kerry, that is, through developing and funding community and workplace wellbeing initiatives along with realising local policies and plans. We look forward to continuing to work with our local partners over the coming years so that effective initiatives can be delivered to support wellbeing among communities and businesses in line with this Healthy Kerry Framework.

Moira Murrell
Chief Executive
Kerry County Council



Healthy
Kerry



Section A: INTRODUCTION

This is the first Healthy Kerry Framework which sets out to support the implementation of the national *Healthy Ireland: A Framework for Improved Health and Wellbeing (2013-2025)* in response to the needs of the local community.

The vision for a Healthy Kerry, is in line with the national vision, that everyone in the county can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility.

The three recommended priority areas of this Framework for achieving a Healthy Kerry include:

1. Healthy Communities
2. Wellbeing in the Workplace / Remote Working
3. Policy Frameworks

This Healthy Kerry Framework also details the targeted health and wellbeing high-level goals for the county from 2021 to 2027. Dealing with the impact of COVID-19 on health and wellbeing in Kerry will be a major challenge and priority over the next six years. As such, a key focus over these years will be to build relationships and strengthen partnerships between the Local Authority, the Health Service Executive (HSE), other state agencies, social partners, the education sector, and the wider business, voluntary and community sectors to deliver actions that support people's health and wellbeing as they deal with the impact of COVID-19 in their communities.

Healthy Ireland Framework

Healthy Ireland: A Framework for Improved Health and Wellbeing (2013-2025) is the national framework for action to improve the health and wellbeing of the country over the coming generation. Healthy Ireland takes a 'whole of government' and 'whole of society' approach to tackling the major lifestyle issues which lead to negative health outcomes. It aims to shift the focus to prevention, seeks to reduce health inequalities, and emphasises the need to empower people and communities to better look after their own health and wellbeing.

This framework acknowledges that many factors affect our health and wellbeing – where we live, our environment, our genetics, our income and education level and our relationship with friends and family. These factors, known as the social determinants of health, are often outside the direct influence of the individual, as well as health and social services. Figure 1 illustrates how communities, living and working environments, economic, cultural and environmental conditions can support or harm health and wellbeing. The Healthy Kerry Framework recognises the need to work in collaboration across public, private, voluntary and community sector organisations in order to address the wider determinants of health and to tackle health inequalities. We can achieve this by involving local people in decision-making, gaining political commitment, and promoting organisational and community development.



Figure 1. Social Determinants of Health

Source: Barton, H. and Grant M. (2006). A health map for the local human habitat. *The Journal for the Royal Society for the Promotion of Health*, 126(6) pp.252-253.

The vision of Healthy Ireland is an Ireland where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone’s responsibility. A key focus of Healthy Ireland is on building relationships and strengthening partnerships with other Government Departments, Local Authorities, the HSE, the education sector, and with the wider business, voluntary and community sectors.

The Healthy Kerry Framework will support the delivery of this national plan and its’ goals at a local level. The goals of the national Healthy Ireland Framework are to:

1. Increase the proportion of people who are healthy at all stage of life
2. Reduce health inequalities
3. Protect the public from threats to health and wellbeing
4. Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland

Healthy Ireland Campaigns to Support Health and Wellbeing during COVID-19 Emergency

Healthy Ireland responded to the COVID-19 crisis by working across Government and with their partners to develop and deliver a national campaign called 'In This Together'. This campaign focused on promoting activity, mental wellbeing and staying connected during the COVID-19 emergency.

Following this campaign, the government published a framework called *Resilience and Recovery 2020-21: Plan for Living with Covid-19* whereby it acknowledged that the pandemic and its' consequences have created significant challenges, stress and worry, and disrupted people's daily routines. It also highlights the important role that individual and community resilience will play in contributing to the ongoing response to COVID-19.

Within this plan, Healthy Ireland made a commitment to promote resilience within communities by:

- 1) Developing and delivering a refreshed Government Wellbeing/Together/Resilience campaign, called 'Keep Well', and continuing to make information about resources and supports available on the Healthy Ireland website
- 2) Delivering an element of the national 'Keep Well' campaign with Sport Ireland to promote the importance of being active, particularly outdoors, for physical and mental wellbeing over the winter months
- 3) Tasking the Local Authorities and their partners with coordinating the delivery of a local element of the 'Keep Well' campaign to promote awareness of and participation in local programmes, initiatives and amenities
- 4) Providing financial support to Local Authorities and their partners through the Community Resilience Fund, a new Sláintecare / Healthy Ireland funding stream, to deliver a programme of "citizen empowerment" wellbeing activities and initiatives

The national 'Keep Well' campaign aims to promote 'community resilience by encouraging people to plan to do one small thing that will help them to keep well. The themes of this campaign are centred on:

1. Keeping active
2. Staying connected
3. Switching off and being creative
4. Eating well
5. Managing your mood

Over the coming years, Kerry LCDC and the Healthy Kerry committee are committed to supporting the delivery of national health and wellbeing campaigns in Kerry.



Governance and Management Structures for the Healthy Kerry Framework

Kerry LCDC provides an important role for promoting health and wellbeing in the county. Since its establishment in 2014, 19 key stakeholders have worked in partnership to promote and support economic, local and community development through greater integration in the planning and delivery of local and community development services and interventions. The membership of this committee facilitates partnership between Kerry County Council (KCC), other state agencies, social partners as well as the community and voluntary sector.

Since 2017, Kerry LCDC has received funding from Healthy Ireland to deliver the Healthy Kerry programme. KCC, through the LCDC, is responsible for the overall governance of the Healthy Ireland Fund applications and administration of funding. As health is an interagency objective, a multi-stakeholder working group of the LCDC named the Healthy Kerry committee was established to progress the actions of the project. The Healthy Kerry committee includes representatives from KCC, Kerry Recreation and Sports Partnership (KRSP), Kerry Public Participation Network (PPN), Cork-Kerry Community Healthcare HSE and the Munster Technological University (MTU) Kerry. The collaborative work achieved through the formation of this committee enabled the piloting of numerous innovative and effective health and wellbeing initiatives in the county. Membership of the Healthy Kerry committee continues to be reviewed annually and expanded as appropriate. It is intended that actions developed under this Healthy Kerry Framework will continue to be supported by the Healthy Ireland Fund and that the Healthy Kerry committee, in conjunction with Kerry LCDC, will issue annual work plans to support the implementation of this Healthy Kerry Framework. When preparing actions for the annual work plans, consultation from specialists and key stakeholders in the area will be sought.

A Health and Wellbeing Officer was appointed under Round 1 of the Healthy Ireland Fund and this position will be retained to monitor and report on the delivery of the actions. The Health and Wellbeing Officer acts as the Healthy Ireland coordinator for Kerry LCDC. The role of the Health and Wellbeing Officer is to report directly to KCC and provide updates to the LCDC with respect to the overall management and administration of the Healthy Ireland Fund projects. The reports form part of the minutes of the LCDC meeting and contributes to the monitoring of the overall project. The Healthy Kerry committee meets to provide advisory support as necessary to the Health and Wellbeing Officer to ensure the efficient delivery of actions. The Health and Wellbeing Officer provides progress reports at the Healthy Kerry committee meetings, works collaboratively with the working group, and develops linkages to ensure the success of actions. Through membership of KCC and other interagency committees, the Health and Wellbeing Officer also supports the development and dissemination of health and wellbeing resources in Kerry and ensures the Healthy Ireland agenda is promoted within other local policies, funding programmes and local delivery mechanisms.



Healthy
Kerry



Section B: COUNTY PROFILE

Demographic Profile

Kerry is the fifth largest county in Ireland, spanning an area of 4,700 square kilometres. In 2016, Kerry had a population of 147,707 consisting of 73,055 males and 74,652 females. It is a predominantly rural county, with 65% of its residents living in areas with a population of 1,500 or less. Kerry has one of the slowest rates of population growth in the country, having increased by just 2,052, or 1.4%, in the five years between 2011 and 2016. This slow population growth rate can be attributed to low birth rates, high death rates, high aged dependency and emigration.

Tralee and Killarney are known as the Hub Towns as they are the largest towns in the county. The 2016 census recorded populations of 23,691 and 14,504 in Tralee and Killarney respectively. In 2016, the Regional Towns in Kerry had populations ranging from 1,041 to 4,820 whereas the District Towns had populations of between 288 and 928. The Gaeltacht areas encompass a large part of Corca Dhuibhne and Úibh Rathaigh peninsulas and had a population of 8,756 recorded in the 2016 census.

Table 1 shows the population changes in the Hub, Regional and District Towns over ten years, as measured by the 2006, 2011 and 2016 censuses. Between the 2011 and 2016 censuses, there were notable population growths in Ballyheigue, Sneem and Milltown whereas there was a prominent population decline in Caherciveen.

Table 1. Population changes in Hub, Regional and District Towns in Kerry from 2006-2016

	2006	2011	2016	Change 2011 - 2016	% Change 2011 - 2016
Hub Towns					
Tralee	22,744	23,693	23,691	-2	-0.0
Killarney	14,603	14,219	14,504	285	2.0
Regional Towns					
Listowel	4,338	4,832	4,820	-12	-0.3
Castlesland	2,300	2,513	2,486	-27	-1.1
Kenmare	1,701	2,175	2,376	201	9.2
Killorglin	1,627	2,082	2,199	117	5.6
Dingle	1,920	1,965	2,050	85	4.3
Ballybunion	1,365	1,354	1,413	59	4.4
Cahersiveen	1,294	1,168	1,041	-127	-10.9
District Towns					
Milltown	415	838	928	90	10.7
Ardfert	729	800	749	-51	-6.4
Rathmore	611	778	790	12	1.5
Ballyheigue	677	628	724	96	15.3
Tarbert	550	551	540	-11	-2.0
Waterville	546	465	462	-3	-0.6
Sneem	279	258	288	30	11.6

CONSIDERATIONS FOR HEALTH & WELLBEING

The population of Kerry is dispersed widely and unevenly across the county. As a result, health and wellbeing initiatives and allocation of funding should be targeted and tailored according to location and population size and needs. The development and implementation of effective local health and wellbeing initiatives will require collaboration with key stakeholders.

A further consideration for the county is the prevalence of social isolation and loneliness, which has been exasperated during the COVID-19 crisis. The *Kerry Local Economic and Community Plan (LECP) (2016-2025)* identified social isolation as a weakness in the county, particularly in rural areas. However, during the COVID-19 pandemic, there has been an increased sense of loneliness and isolation among people of all ages throughout the county. Nationally, the Central Statistics Office 2020 Social Impact of COVID-19 Survey found that 26.6% of people in Ireland felt lonely 'all/most/some of the time' compared to 16.9% in 2018. Therefore, funding opportunities that arise should be maximised to build strong relationships and networks through befriending and other initiatives that foster social connections for all in the county.

Age Profile

Figure 2 provides an overview of the population of Kerry and the State according to age and gender as detailed in the 2016 census. In 2016, there were 44,612 children and young people aged 0-24 years living in Kerry. This equates to 30.2% of the population in Kerry which is lower than the State average of 33.2% and the second lowest proportion of children and young people aged 0-24 years per Local Authority in Ireland. The *Kerry CYPSC Workplan (2018-2020)* identified variations across the county with regards to the distribution of those aged 18-24 years:

- Tralee had the highest rate of 18-24 year olds in the county which was mainly attributed to the Institute of Technology Tralee located in this area
- Lower rates of 18-24 year olds were recorded in the Dingle, Killarney, Listowel, Castleisland, Caherciveen and Kenmare areas of the county

The 2016 census also showed a lower proportion of younger working age cohorts in Kerry than the State, particularly in the 25-39 years age category. Overall, Kerry has below State average population percentages aged 0 – 39 years and above State average population percentages aged 40 years and over, for both males and females. These trends indicate a low birth rate and that the people of Kerry typically move away from the county after school/college and return at a later age to establish long term residence.

Kerry has the second oldest population of all counties in Ireland, just behind Mayo. The 2016 Census showed that the average age in the county was 40.2 years. The percentage of the population in Kerry aged over 60 years was 23.1% (34,190 people) which is a much higher percentage than the State figure of 18.4%. Comparisons with previous censuses show that the percentage of the population aged over 60 years in Kerry is increasing, which is in keeping with national trends. Similar to the national figures, a higher percentage of people aged 60+ years in Kerry are female (females: 23.7%; males: 22.6%).

The *Age Friendly Kerry Strategy (2018-2022)* identified spatial variation in respect of distribution of persons aged 60+ years. In 2016, the highest proportion of people aged 60+ years in Kerry resided in

South and West Kerry. In particular, the rural Iveragh and Beara peninsulas of South Kerry and rural areas of North Kerry had high proportions of residents aged 60+ years. Urban areas that had high proportions of older people were the neighbourhoods that had the highest proportion of non-EU nationalities in the county.

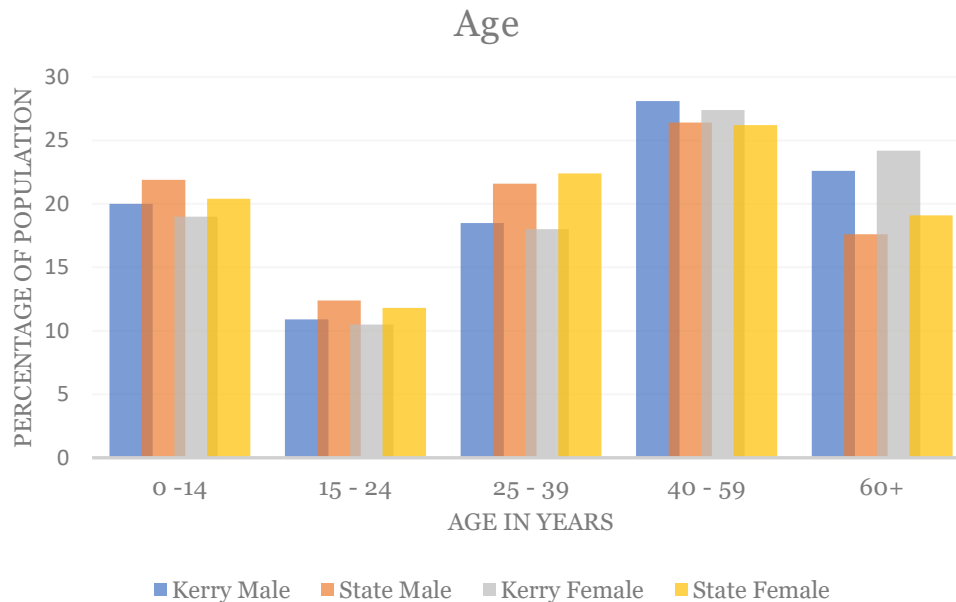


Figure 2. Percentage of population by gender in defined age cohorts in Kerry and the State, 2016 Census

CONSIDERATIONS FOR HEALTH & WELLBEING

The county has a predominantly older age cohort. The distribution of age groups varies greatly across the county and as such warrants consideration when designing location-specific health and wellbeing initiatives.

The 2020 publication entitled ‘The COVID-19 pandemic in Ireland: An overview of the health service and economic policy response’ by Kennelly et al. acknowledged that there was a notable increase in mental health difficulties experienced by people of all ages across Ireland during the COVID-19 crisis due to the effective lockdown of large parts of normal economic and social life.

- Spun Out, a service that supports young people’s mental health, found a 100% increase in people contacting them due to anxiety and depression
- ALONE, an organisation that supports older people, reported a large increase in the number of people contacting them about social isolation and loneliness and suicidal ideation
- The Samaritans, a voluntary organisation that supports people who are going through a difficult time, reported an increase in calls to their helpline

The government has provided additional funding for online mental health services to support people across the country during the pandemic. In addition to these online mental health services, a lifecycle approach with funding directed to support intergenerational initiatives would benefit health and wellbeing in the county. Collaboration with key stakeholders will be vital for the development of age appropriate and intergenerational initiatives in specific regions.

Nationality and Ethnicity

In line with national trends, Kerry is becoming more nationally and ethnically diverse. The largest cohort in the county is Irish nationals (87.5%). In total, 12.5% of people usually residing in Kerry were non-Irish nationals, up from 11.4% in 2011. Furthermore, 3.4% of Kerry's population were recorded as being from the United Kingdom, 2.9% from Poland and 0.6% from Lithuania. Many other nationalities are resident in Kerry but in smaller numbers. As of June 2020, there were 503 asylum seekers housed in seven direct provision centres in Kerry. In terms of ethnicity, the 2016 census indicated that Irish Travellers account for 0.7% of Kerry's population, which is the same as the national figure. This percentage equates to 960 members of the travelling community living in Kerry, an increase of 10 people or 1.1% from the previous census in 2011.

CONSIDERATIONS FOR HEALTH & WELLBEING

When developing social policies, the varying needs of the people in the county should be taken into consideration to ensure their health and wellbeing is not impacted negatively. A similar consideration should be made when designing health and wellbeing initiatives and allocating funding to the communities within the county.

Health Profile

The national Healthy Ireland Framework recognises that people's lifestyles and behaviours – whether they smoke, how much they drink, what they eat, whether they take regular exercise – negatively impacts on people's health and wellbeing and increases the risk of dying prematurely. National surveys have been conducted by Healthy Ireland to determine the prevalence of these behaviours. However, there is no equivalent accurate health information available at county level.

The census is a survey of the population that is normally taken every five years in Ireland. It provides a wealth of information including the self-reported health status at county level. The next census is due to take place in 2021, however it has been postponed until 2022 due to the ongoing coronavirus pandemic. It is expected that the COVID-19 crisis, will have a negative impact on health and wellbeing in Kerry.

The most recent census was published in 2016 and at the time, about four in every five people in Kerry said that their health was 'very good' or 'good'. Figure 3 provides an overview of the data in Kerry versus the national figures.

In Kerry, the statistics show:

- 86.3% of people self-rated their health to be 'very good' or 'good'
- A further 8.5% of people reported their health as 'fair'
- 1.3% and 0.3% of people self-reported their health as 'bad' or 'very bad' respectively

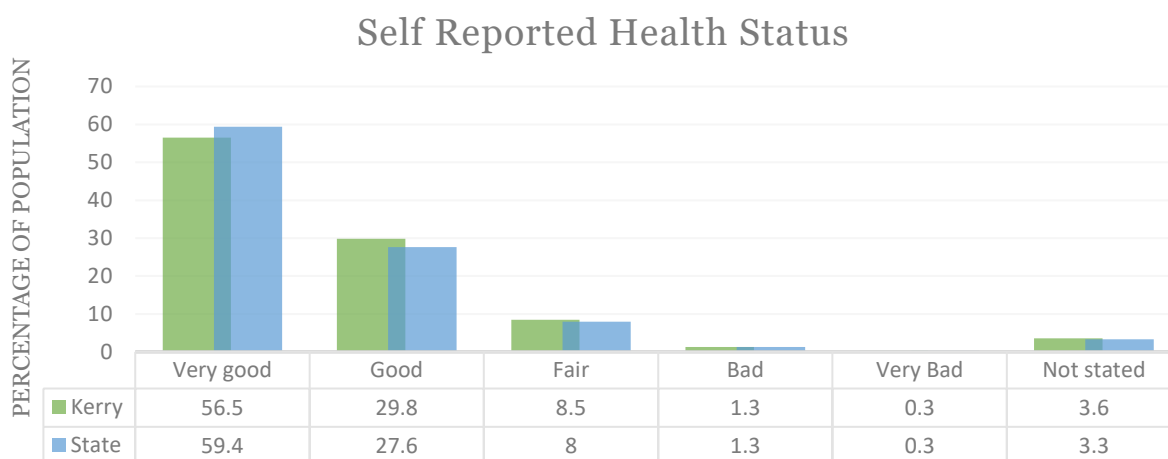


Figure 3. Self-reported health status in Kerry and the State, 2016 Census.

In 2020, the Central Statistics Office carried out a review of the impact of COVID-19 on health and wellbeing in Ireland called the Social Impact of COVID-19 Survey. This survey found that there was a large decrease in the proportion of adults reporting their satisfaction with life as ‘high’ in so far as 12.2% of adults rated their overall life satisfaction as ‘high’ compared to 44.3% in 2018 and 31.4% in 2013.

People with Disabilities

There were 19,965 people with disabilities in Kerry in 2016, made up of 9,744 men and 10,221 women. This equates to 13.5% of the County’s total population, which is the same as the national figure. There were 6,769 carers in Kerry in 2016, made up of 60% women and 40% men. There is a clear correlation between age and disability, with the largest number of people with a disability aged over 60 years. As the population ages, the number of people with disabilities is likely to increase.

CONSIDERATIONS FOR HEALTH & WELLBEING

It is positive to note that, in 2016, most people in Kerry felt that they were in good health. However, it is expected that the COVID-19 crisis will have a negative impact on the health and wellbeing of all living in Kerry. The lack of county specific data on lifestyle behaviours makes it difficult to propose specific health promoting strategies that are needed in Kerry. Funding and initiatives should be developed and targeted through the stakeholders that promote positive health behaviours in the county. With regards to people with disabilities, key considerations should be made on the inclusivity of health promoting policies and strategies developed. Carers are another target group for health and wellbeing promotion in Kerry as a considerable portion of the people in Kerry undertake this role.

Health Inequalities

Health inequalities exist within and across nations due to social differences and social injustices. One of the goals of the national Healthy Ireland Framework (2013-2025) is to reduce health inequalities. In order to reduce health inequalities, Healthy Ireland seeks to reduce the gaps between the highest and lowest occupational classes and socio-economic groups, and between the wealthiest and most deprived areas. The Healthy Ireland Framework acknowledges that health is not evenly distributed in

society whereby the prevalence of chronic conditions and accompanying lifestyle behaviours are strongly influenced by:

- Socio-economic status
- Levels of education
- Employment

The following data derives from the most recent census taken in 2016. Again, it is anticipated that COVID-19 will have a negative impact on socio-economic status, employment levels and the overall economy in Kerry.

Socio-Economic Status

There is a link between socio-economic status and health status, in that, the lower the socio-economic position, the greater the risk of poor health. The Pobal HP Deprivation Index measures the relative affluence or deprivation of a particular area using indicators such as levels of unemployment and education achieved. The 2016 Pobal HP Deprivation Index classified Kerry as having a marginally below average socio-economic makeup and was ranked the fifteenth most disadvantaged constituency out of 40. Figure 4 shows the areas of affluence and deprivation in Kerry in 2016. The most affluent areas in Kerry were the surroundings of its major towns, Killarney, Kenmare and Dingle, all of which have thrived on account of their considerable tourism potential. However, it is expected that the affluence recorded in these areas in Kerry will be negatively impacted as the COVID-19 crisis has had a severe impact on the tourism sector. In 2016, the environs of other towns like Tralee, Castleisland, Listowel and Killorglin were also found to be more affluent than their rural hinterlands. With regards to social disadvantage, the Iveragh peninsula, including Cahersiveen, was largely in the marginally below average category. Furthermore, numerous significant areas of disadvantage were in the rural parts of North Kerry as well as parts of Tralee.

Relative Affluence and Deprivation in Kerry Constituency

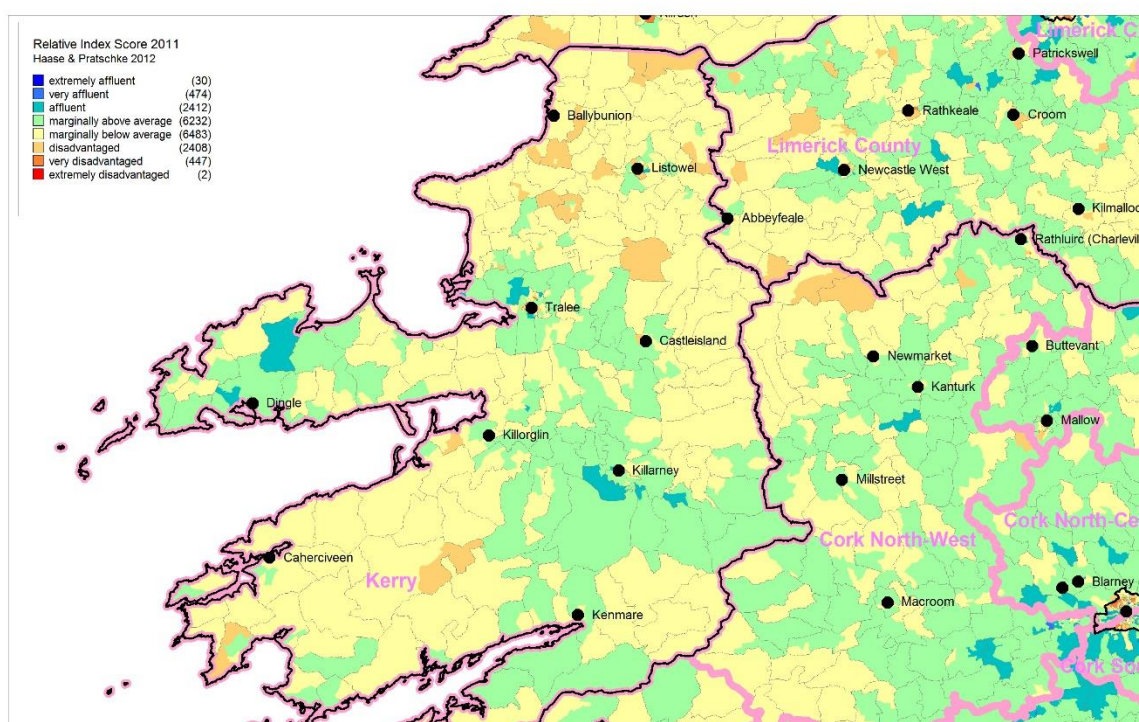


Figure 4. Affluence and deprivation by small area in Co. Kerry, Pobal Deprivation Index 2016.

CONSIDERATIONS FOR HEALTH & WELLBEING

As socio-economic status and health status are linked, the below average socio-economic status of Kerry highlights the need for health and wellbeing supports in the county. It is expected that the 2022 census will show that the COVID-19 crisis had a negative impact on the socio-economic status in Kerry, as nationally, the Central Statistics Office found 37.5% of adults have been negatively financially impacted by COVID-19 in 2020. According to the 2016 census, significant areas of deprivation that warrant attention and support are in the Iveragh peninsula, rural areas of north Kerry and parts of Tralee. Initiatives and funding should be allocated to support communities living in the most deprived areas of Kerry.

Education

The education standard of Kerry residents continues to improve. Early school leaving has fallen, and third level attainment has increased. Table 2 shows that the gap between Kerry and the State in relation to the number of people with either no formal or only primary education continues to decrease. However, the gap in the number of people with third level education continues to increase. Progression to third level education in Kerry is high which suggests that many residents leave the county after completing third level studies.

Table 2. Highest level of education achieved in Kerry and the State, 2006, 2011 and 2016 Census

Kerry	2006 (%)	2011 (%)	2016 (%)
No Formal / Primary	21.1	17.4	14.5
Lower Secondary	21.7	18.8	17.0
Upper Secondary	29.8	37.4	37.5
Third Level	26.1	26.4	30.9

State	2006 (%)	2011 (%)	2016 (%)
No Formal / Primary	18.9	16.0	13.3
Lower Secondary	21.1	17.4	15.5
Upper Secondary	29.5	36.0	35.5
Third Level	30.5	30.6	35.7

CONSIDERATIONS FOR HEALTH & WELLBEING

As the prevalence of chronic conditions and accompanying lifestyle behaviours are influenced by level of education achieved, it is positive to note that early school leaving has fallen, and third level attainment has increased in Kerry. One of the goals of the national Healthy Ireland Framework is to support, link with and further improve existing partnerships, strategies and initiatives that aim to increase the proportion of young people who complete full-time education.

Employment / Structure of the Economy

The Economic Impact of COVID-19 on the Economy of County Kerry 2020 report predicts that employment levels and the economy in Kerry will be severely impacted by the COVID-19 crisis, due to its' dependency on the tourism sector. The wholesale and retail trade with hotels and restaurants and the accommodation and food services are the largest employment cohorts in Kerry which are directly related to the tourism and hospitality sector. Overall, it estimated that there will be a decline in income in the tourism sector of approximately 70% and a decline in turnover in the non-tourism sector of about 33% in 2020. Combining these losses, the report predicted a total loss of approximately €1 billion to the Kerry economy in 2020.

After tourism, the sector that provides the next most significant employment in the county includes the knowledge-based industries. The knowledge-based industries in Kerry include computer technology, life sciences, research and development, high-tech manufacturing, communications, business, finance, insurance and other market services. Table 3 gives a breakdown of employment by sector in the county.

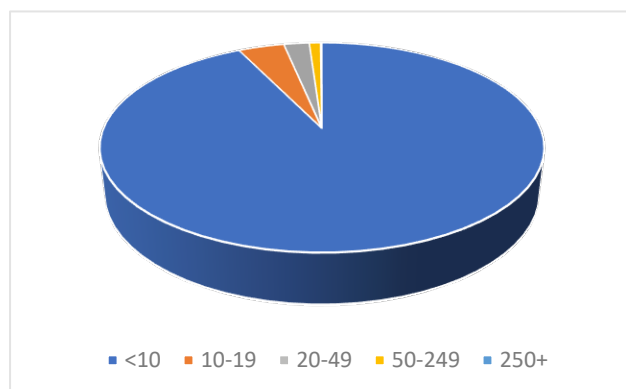
Table 3. Kerry employment by sector

Sector	Employment	% of total
Agriculture, forestry and fishing	5729	8.3
Industry	8783	12.7
Construction	4431	6.4
Wholesale and retail trade	10107	14.6
Transportation and storage	1908	2.8
Accommodation and food service activities	10076	14.5
Information and communication	1622	2.3
Financial and insurance activities	1769	2.6
Professional, scientific, technical activities	2747	4.0
Administrative and support service activities	3137	4.5
Public administration and defence	2590	3.7
Education	4790	6.9
Health and social work	8563	12.4
Other NACE (arts, entertainment, recreation)	3076	4.4
All NACE economic sectors	69328	100

Source: Extracted from CSO Labour Force Survey, Q4 2019.

In 2016, there were approximately 69,000 people in the labour force in Kerry. According to the 2018 Central Statistics Office (CSO) report, most enterprises in Kerry, i.e. 93%, are micro-enterprises that employ fewer than 10 people. Several well-known large companies are based in Kerry (Fexco, Liebherr, Kerry Group, Astellas) that provide substantial employment to the county. Figure 5 provides an overview of the size of the active enterprises in the county according to the 2018 CSO report.

Figure 5. Number of active enterprises by size - Kerry - CSO 2018



No. of staff	2018
Under 10	8148
10 – 19	350
20 – 49	194
50 – 249	86
250 +	10

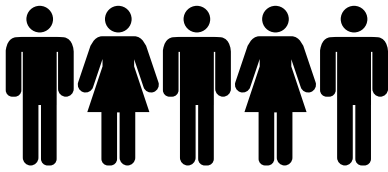
CONSIDERATIONS FOR HEALTH & WELLBEING

It is predicted that the COVID-19 crisis will severely impact the economy and employment levels in Kerry. As health is strongly influenced by employment levels, it is important that every effort is made to respond to the economic challenges facing Kerry and support staff mental health and wellbeing. Overall, strategies that enhance wellbeing in the workplace and while working remotely will be supported by the Healthy Kerry programme.

County Profile at a Glance



DEMOGRAPHICS



Kerry is a predominantly rural county
• **65%** of Kerry residents live in areas with a population of **1,500** or less

Kerry has the **2nd** oldest population of all counties in Ireland



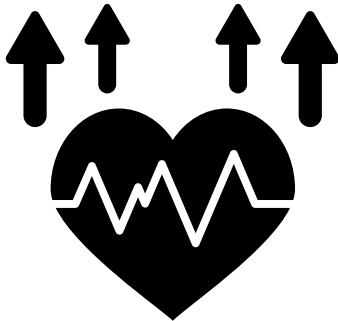
Feelings of isolation and loneliness is a key concern, particularly during the COVID-19 crisis



Kerry is becoming more nationally and ethnically diverse

HEALTH PROFILE

About four in every five people in Kerry said that their health is **'very good'** or **'good'**



It is expected that the **COVID-19** crisis will have a negative impact on the health and wellbeing of all living in Kerry

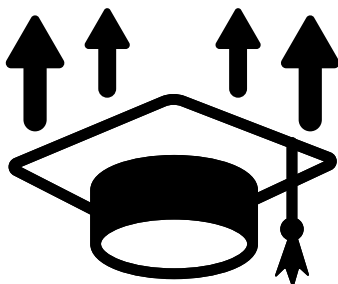


13.5% of the county's total population has a disability and a considerable portion of the people in Kerry undertake the role of a carer

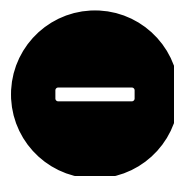


ECONOMY, EMPLOYMENT AND SOCIO-ECONOMIC STATUS

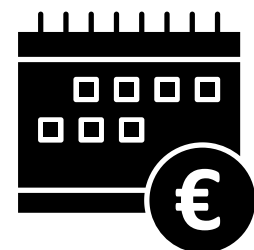
Levels of early school leaving has decreased, and third level attainment has **increased in Kerry**



It is predicted that the economy and employment in Kerry will be severely impacted by COVID-19, particularly due to Kerry's dependency on the tourism sector - a total loss of around €1 billion to the Kerry economy is predicted in 2020



Kerry is classified as having a marginally below average socio-economic makeup





Healthy
Kerry



Section C: VISION, STRATEGY PILLARS AND HIGH-LEVEL GOALS FOR ACHIEVING A HEALTHY KERRY

Healthy Kerry Vision

The vision for a Healthy Kerry, is in line with the national vision, that everyone in the county can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility.

The Healthy Kerry committee held consultation meetings with key stakeholders in June 2019 to discuss how this vision could be achieved. The county is well-known for its' excellence in sport, the arts, culture, built and natural environments, which are utilised to promote health and wellbeing in Kerry. At the consultation meetings, it was acknowledged that there is already a great deal of work underway in Kerry to address health inequalities and promote health and wellbeing. The strong presence of interagency, voluntary and community led practices that work to improve the quality of life is an important asset for health and wellbeing in the county. Many public, private, community and voluntary organisations work together to promote health and wellbeing for a variety of age groups and needs in the county. Building on this strong foundation, the Healthy Kerry Framework seeks to acknowledge the health and wellbeing assets in the county and support all sectors of society to work in partnership to further promote health and wellbeing in Kerry across the lifecycle.

It was agreed at the consultation meetings that the primary focus of the Healthy Kerry Framework should be to highlight the existing support for community health and wellbeing in Kerry and encourage a partnership approach to further promote wellbeing across the lifecycle. In general, community health and wellbeing can be promoted by collaborating with key stakeholders, maximising funding, strengthening and adding value to existing programmes and projects. Two further strategies were recommended at these meetings to promote community health and wellbeing. These include promoting health and wellbeing in the workplace and through local policy frameworks. These three priority areas were identified through consultation meetings in 2019, however, during the current COVID-19 pandemic it is evident that supporting and promoting health and wellbeing in the community, workplace, while working remotely and through policy frameworks is more important than ever. As such, the priority areas of this Healthy Kerry Framework (2021-2027) include:

1. Healthy Communities
2. Wellbeing in the Workplace / Remote Working
3. Policy Frameworks

The following section provides an overview of the concepts of the three strategy pillars and high-level goals of the Healthy Kerry Framework. The high-level goals of this Healthy Kerry Framework were identified based on the review of the county profile in Section B.

Strategy Pillar 1: Healthy Communities

As there is a lot of support for health and wellbeing in the county already, this strategy pillar will firstly seek to acknowledge the health and wellbeing assets in the county. Secondly, this strategy pillar will seek to support all sectors of society to work in partnership to further promote health and wellbeing in Kerry across the lifecycle. When promoting community health and wellbeing, the emphasis will be on working *with* a community rather than *for* a community. The rationale for this community-led approach is that collaborating with the community is one of the principles for building healthy and prosperous communities. This approach was also identified to be effective at building healthy and prosperous places as it focuses on priorities identified by the community, builds trust while strengthening and developing community leadership. Visions and priorities for health and wellbeing identified by local community, voluntary and sporting organisations will be prioritised.

The 'Healthy Communities' strategy pillar will focus on acknowledging the health and wellbeing assets in the county and supporting all sectors of society to work in partnership to further promote health and wellbeing in Kerry across the lifecycle.

The following high-level goals were identified to support the Healthy Communities strategy pillar:

- Build strong networks of relationships in the community (e.g. family, friends, colleagues, neighbours) to reduce the prevalence of loneliness and social isolation, particularly in rural areas
- Enhance the relationships in neighbourhoods and the wider community through supporting intergenerational and intercultural health and wellbeing initiatives that stimulate positive emotions, engagement, meaning and accomplishment
- Target funding and projects to support the health and wellbeing of key target groups in Kerry.

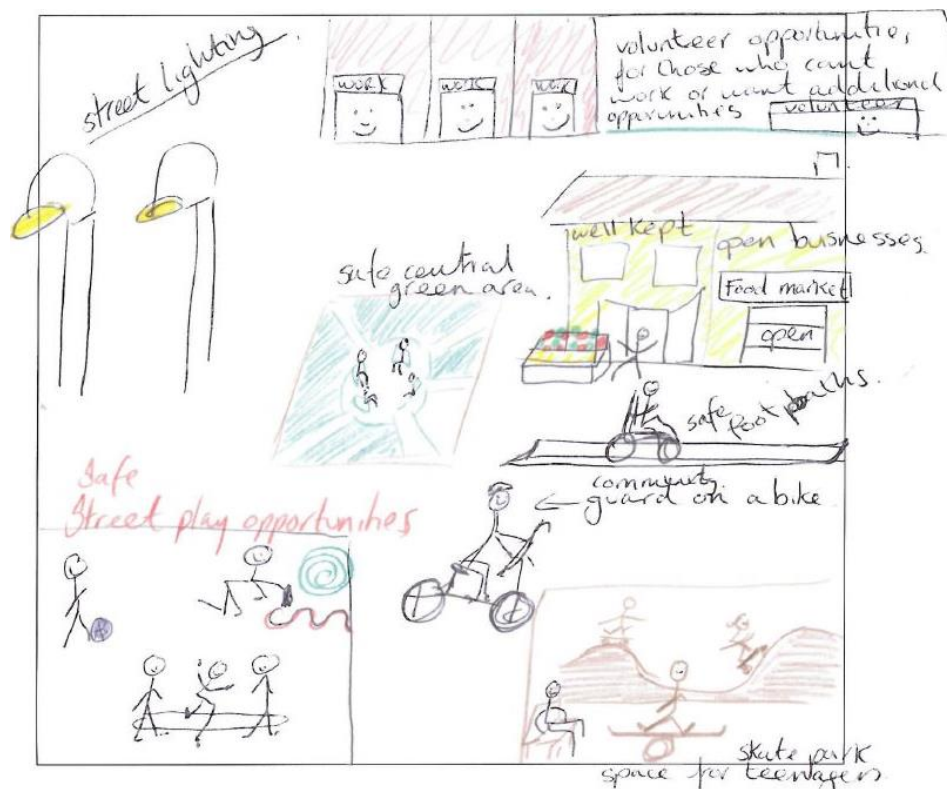


Figure 6. Drawing of a 'Healthy Community' at the Healthy Kerry consultation meeting, June 2019

Strategy Pillar 2: Wellbeing in the Workplace / Remote Working

It is well known that health is directly influenced by employment and can indirectly impact the health and wellbeing of the wider community. It is predicted that the COVID-19 crisis will severely impact the economy and employment levels in Kerry. The tourism and hospitality sector - which is the largest employment cohort in Kerry - faces a particularly unpredictable and challenging time due to the COVID-19 crisis. Across the county, many employers and employees are experiencing great uncertainty around the future of their businesses and jobs. In a short space of time, employers and employees have had to manage and deal with a vast range of complex issues such as temporary unemployment, curtailed working weeks or working full-time from home. Many people have had to balance their work with other responsibilities such as childcare or supporting older relatives. Therefore, resources that support health and wellbeing in the workplace and while working remotely will be particularly needed over the coming years.

The 'Wellbeing in the Workplace / Remote Working' strategy pillar will seek to promote and support staff health and wellbeing initiatives over the coming years.

Under this strategy pillar, the high-level goal includes:

- Supporting local organisations to develop healthy workplaces and workplace wellbeing programmes in a variety of settings e.g. remote working.

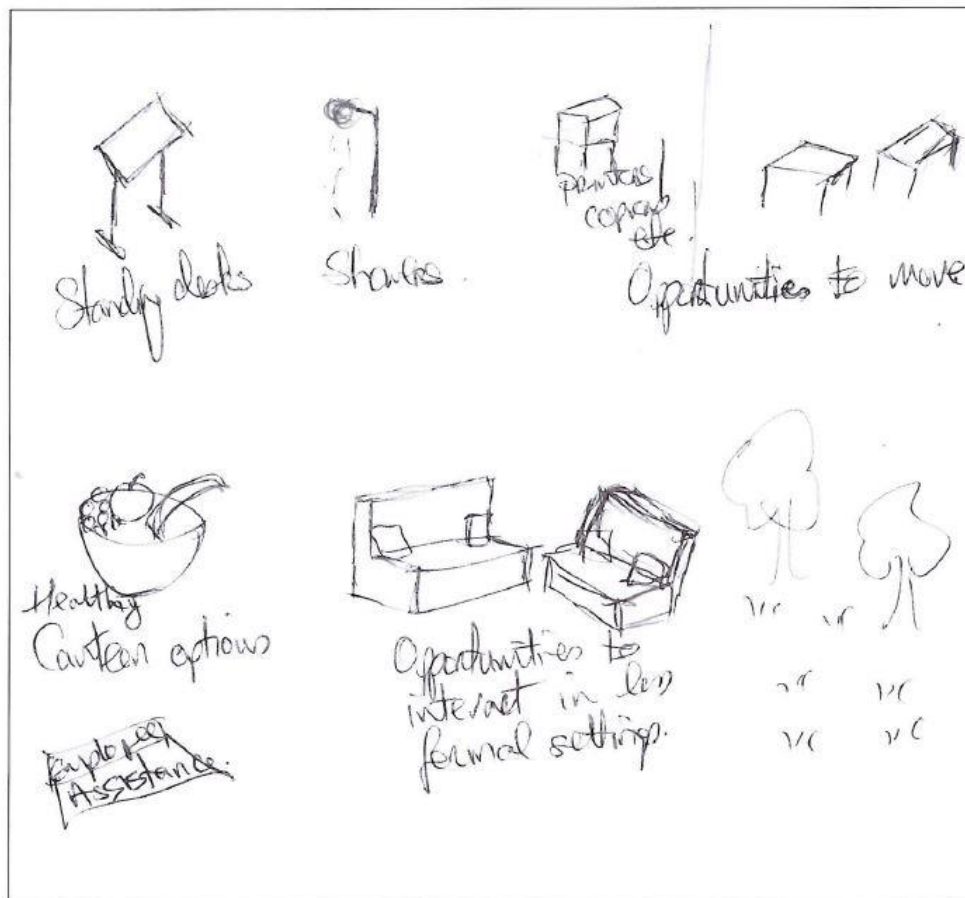


Figure 7. Drawing of 'Wellbeing in the Workplace' at the Healthy Kerry consultation meeting, June 2019

Strategy Pillar 3: Policy Frameworks

Over the past few years, significant work has been undertaken in consultation with the public through developing national and local policies and plans. The Healthy Kerry committee and Kerry LCDC are ideally placed to understand the local needs and issues as well as the assets and networks unique to Kerry to promote and improve the health and wellbeing of people living in Kerry.

National policies and plans include, but are not limited to Healthy Ireland: A Framework for Improved Health and Wellbeing (2013-2025), Making Remote Work: National Remote Work Strategy (2021), National Volunteering Strategy (2021-2025), Tobacco Free Ireland (2013), National Sexual Health Strategy (2015), National Physical Activity Plan (2016), A Healthy Weight for Ireland Obesity Policy (2016), Reducing Harm, Supporting Recovery - a health lead response to drug and alcohol use in Ireland (2017) and the National Get Ireland Walking Strategy (2017). With a focus on the implementation of these plans, there is recognition that these policies and plans have to be integrated and implemented at local level.

Policies and plans have also been developed through public consultation that focus specifically on local needs. Local policies and plans regarding health and wellbeing include, but are not limited to the Kerry Local Economic and Community Plan (2016-2021), Kerry County Development Plan (2015-2021), COMPASS: Healthy Ireland Implementation Plan (2018-2022), Connecting for Life Kerry Action Plan (2017-2020), Age-Friendly Kerry Strategy (2018-2022), Access for All Report on Accessibility in Co. Kerry (2019), KRSP Strategic Plan (2017-2022), Creative Ireland Kerry Strategy (2018-2022) and Kerry CYPSC Plan (2018-2020). The Healthy Kerry programme intends to contribute to and support the implementation of local health and wellbeing policies and plans.

The 'Policy Frameworks' strategy pillar will seek to support the implementation of national and local policies and plans in Kerry. It also will contribute to the development of new local policies and plans.

The high-level goals under the Policy Frameworks strategy pillar are to:

- Ensure local health and wellbeing strategies and policies are inclusive
- Develop policies whereby the healthier choice becomes the easier choice
- Ensure the potential consequences of local policies and plans on public health and wellbeing is considered in their development and adoption



Healthy
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Section D: IMPLEMENTATION AND MONITORING

Kerry LCDC is the governance structure that will publish and monitor the delivery of the Healthy Kerry Framework and annual work plans. Kerry LCDC will also remain responsible for the overall governance of the Healthy Ireland Fund applications and administration of funding. The Health and Wellbeing Officer will continue to provide updates to the LCDC with respect to the overall management and administration of the Healthy Ireland Fund projects and delivery of the Healthy Kerry Framework and annual work plans.

The Healthy Kerry committee will develop and deliver annual work plans in partnership with local stakeholders and specialist advisors to support the implementation of this Healthy Kerry Framework. Actions that will be included in the annual work plans will support the national Healthy Ireland agenda and the high-level goals of this Healthy Kerry Framework. It is intended that these actions will be funded by the Healthy Ireland Fund and/or other funding programmes and local delivery mechanisms that support the Healthy Ireland ethos. The annual work plans will also include targeted actions to address health inequalities among disadvantaged groups and communities in Kerry.



Healthy Kerry Committee Membership (Current)

Name	Organisation
Dr. Ailis Brosnan	Senior Health Promotion Officer, CKCH Health & Wellbeing, HSE.
Cora Carrigg	Sports Co-ordinator, Kerry Recreation & Sports Partnership.
Eimear Foley	Lecturer in the Dept. of Health and Leisure Studies, Munster Technological University.
Dr. Deirdre Hegarty	Health and Wellbeing Officer, Healthy Kerry Coordinator, Kerry County Council.
Dolores McElligott	Community Worker, Cork Kerry Community Healthcare, HSE.
Liz O'Donnell	Administrative Officer, Kerry County Council.
Niamh O'Sullivan	Senior Executive Officer, Chief Officer of Kerry LCDC, Kerry County Council.
Hilary Scanlan	Community Work Manager, Cork Kerry Community Healthcare, HSE.
Caroline Toal	Development Officer, Kerry Public Participation Network.

Healthy Kerry Committee Membership (Former)

Name	Organisation
Sarah Flaherty	Administrative Officer, Kerry County Council.
Dr. Michael Hall	Head of the Dept. of Health and Leisure Studies, Munster Technological University.
Julianne Lane	Resource Officer for Suicide Prevention, HSE.
Geraldine McGettigan	Health and Wellbeing Officer, Kerry County Council.
Michelle Mullane	Staff Officer, Kerry County Council.
Helena Switzer	Administrative Officer, Kerry County Council.



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The Healthy Ireland Fund supported by the Department of Health and the Department of Children and Youth Affairs.