

TOPIC 4

Actions required to address Australia's health priorities

OVERVIEW

- 4.1 Levels of responsibility for health promotion
- 4.2 Benefits of partnerships in health promotion
- 4.3 How health promotion based on the Ottawa Charter promotes social justice
- 4.4 The Ottawa Charter in action
- 4.5 Topic review

OUTCOMES

In this topic students will:

- argue the case for health promotion based on the Ottawa Charter (H4)
- explain the different roles and responsibilities of individuals, communities and governments in addressing Australia's health priorities (H5)
- argue the benefits of health-promoting actions and choices that promote social justice (H14)
- critically analyse key issues affecting the health of Australians and propose ways of working towards better health for all (H15)
- devise methods of gathering, interpreting and communicating information about health and physical activity concepts. (H16)



Health promotion is a combination of science, medicine, practical skills and beliefs aimed at maintaining and improving the health of all people. In this topic we formulate an argument about why health promotion is most effective if it includes key stakeholders working together in partnership and is based on the five areas of the Ottawa Charter.

We investigate the principles of social justice and the responsibilities of individuals, communities, governments and non-government agencies under each action area of the Ottawa Charter.

Finally, we critically analyse the importance of the five action areas of the Ottawa Charter through an in-depth study of the National Tobacco Strategy 2012–2018 and the *Head to Health* website, which was developed by the Australian government to help Australians find appropriate mental health support and resources. The site was launched in October 2017.

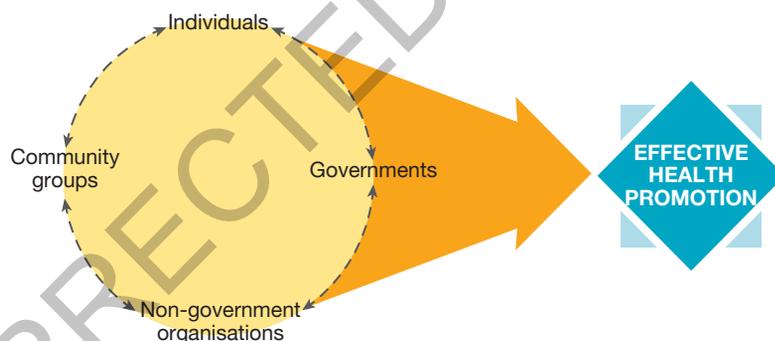
4.1 Levels of responsibility for health promotion

You learned in your studies of the Preliminary Course that responsibility for promoting health does not lie only with the health sector. Responsibility for promoting health applies at many levels, including:

- individuals and families
- groups in the community and industry, such as schools, workplaces and the media
- all levels of government — local, state and Commonwealth
- non-government organisations, both Australian and international.

Governments have recognised that health promotion is most successful if individuals, groups, governments and other organisations take a shared responsibility and joint action to improve health outcomes for Australians.

FIGURE 4.1 Health promotion achieves more positive results if all levels participate and cooperate in the program or strategy.



In 2004, NSW Health released the *NSW Health and Equity Statement: In all Fairness*. It identified six focus areas that can help to gauge the existing strategies, policies and programs to reduce health inequities, as well as provide a framework for future planning. (See the snapshot on the next page.) In 2014, NSW State Health released the *NSW State Health Plan: Towards 2021*. The plan outlined three directions to improve health outcomes for people in NSW:

- keeping people healthy,
- providing world-class clinical care, and
- delivering truly integrated care.

These were to be delivered through four key strategies:

- supporting and developing the workforce,
- supporting and harnessing research and innovation,
- enabling e-health, and
- designing and building future-focused infrastructure.

While the plan does not directly address the Health and Equity Statement focus areas, many of the strategies it outlines include elements that relate to equity and access issues in health.

Inquiry

In all fairness

Read the snapshot 'In all fairness', which outlines the goals of the NSW Health and Equity Statement from 2004.

1. Describe why NSW Health might need to work with multiple partners in order to achieve the goals outlined in the snapshot.
2. Identify the levels of government and other stakeholders in the New South Wales health system who would need to be involved in achieving these goals.

SNAPSHOT

In all fairness: NSW Health and Equity Statement

Six key focus areas

1. Strong beginnings – Investing in the early years of life

Goal: To secure good health outcomes for children at birth and throughout their lifespan by concentrating on health care during the antenatal period and the first eight years of life.

[Strategies] to reduce inequities in the availability of and access to the range of health services appropriate to the needs of children with the poorest outcomes while continuing to improve the health of all children

2. Increased participation – Engaging communities for better health outcomes

Goal: To invest in and strengthen community participation in the NSW health system in recognition of the value of individual and community involvement in managing health problems and developing health services.

All stakeholders in the NSW health system, including consumers, carers, volunteers, NGOs, industry and professional organisations, health professionals, and NSW Health must be given opportunities to contribute to the planning, development, implementation and evaluation of health processes and services.

Participation contributes to better health outcomes by empowering individuals and communities to take action to improve their health, and ensuring health services meet individual and community needs. See table 4.1 below.

TABLE 4.1 Contribution of participation to better health outcomes

Individual	Community	System
<ul style="list-style-type: none"> • Increases the involvement of patients and carers in decisions about their health • Improves quality of care • Improves patient satisfaction • Improves accountability (and focus on rights and responsibilities) 	<ul style="list-style-type: none"> • Leads to more appropriate, more responsive services • Improves accountability (and focus on rights and responsibilities) • Increases capacity and social capital • Leads to better health outcomes (population health focus) 	<ul style="list-style-type: none"> • Legitimises [sic] programs and services in building a political constituency • Improves accountability (and focus on rights and responsibilities) • Leads to more responsive, more flexible services • Improves skill development and capacity

3. Developing a stronger primary health care system

Goal: To improve the accessibility and effectiveness of the primary health care system, particularly for those people with the greatest health needs.

Involves care delivered by GPs, nurses, allied health professionals, pharmacists, dentists, community health services, emergency departments, community and non-government organisations, and health organisations controlled by the Aboriginal community.

4. Regional planning and inter-sectoral action – Working better together

Goal: To increase the capacity of the NSW health system to work with other sectors to address health inequities through improved regional planning and inter-sectoral action.

Many of the social determinants of health lie outside the control of the health system [and projects designed to reduce health inequities should also seek to tackle unemployment, poor education, poor housing and inadequate income.] NSW Health must therefore continue working with multiple partners to address these determinants in order to reduce health inequities. Effective

collaboration across a range of government and non-government agencies is essential for addressing the wider social factors that influence health, and for developing health services that are comprehensive and responsive to people's needs. Planning and implementing strategies must involve action at all levels, from local communities, to local, regional and state agencies, and the Commonwealth Government.

5. Organisational development – Building our capacity to act

Goals: To increase the NSW health system's capacity to address health inequities through improved systems, infrastructure and workforce development.

Planned improvements in systems and infrastructure are required to assist in building the capacity of the NSW health system to achieve this goal. The capacity to assess whether actions and investments are improving health and reducing health inequities must also be developed at all levels of the NSW health system.

6. Resources – For long-term improvement in reducing health inequities

Goal: To reorient patterns of investment within the NSW health system to explicitly address health inequities.

Among the key issues was the need to improve equity across the health system through long-term investments in infrastructure and programs, and through more targeted approaches.

Source: New South Wales Health and Equity Statement, *In all Fairness – increasing equity in health across NSW*, NSW Department of Health, May 2004, pp. 3, 15, 18, 19, 22, 24, 25, 28, 31

This information is presented for instruction purposes only and does not represent current policy of NSW Health.



SNAPSHOT

Towards 2021

Delivering innovation – The directions

Direction one: Keeping people healthy

Prevention is critical to keeping people healthier and out of hospital. NSW Health already delivers effective public health programs in areas like smoking, obesity, risky alcohol use and early intervention. NSW Health will continue to invest in these programs targeting high risk groups, and will ensure they are monitored, evaluated and refined to continue to deliver results.

Direction two: Providing world-class clinical care

Hospitals are core to NSW Health business with the priority being to provide high quality, patient-centred clinical care 'first time, every time'. NSW Health is streamlining Emergency Department processes, reducing unwarranted variation in care, reducing re-admission rates, introducing new service models to meet emerging health issues, tightening performance standards, and continuing to focus on quality control to deliver better patient care. These initiatives will be consolidated and extended through our Whole of Hospital Program, which will also focus on improving integrated care as a key step in improving patient outcomes.

Direction three: Delivering truly integrated care

Delivering the 'Right Care, Right Place, at the Right Time' relies on seamless integrated care, where patients and their carers can easily navigate the health system, have improved healthcare experiences and outcomes with fewer tests and can avoid unplanned hospitalisations. With a focus on empowering patients as a key partner in decision making, the NSW Government's \$120 million integrated care strategy will focus on driving integration at the local level through partnerships, testing system-wide approaches at demonstrator sites, promoting local

health pathways, supporting effective transfer of care, and aligning financial incentives and performance. This strategy will have a strong evaluation program that is informed by patient feedback.

Making it happen – The strategies

Strategy one: Supporting and developing our workforce

The heart and hands of the health system, a strong, skilled workforce is critical to delivering patient-centred care in a reformed and smarter healthcare system in NSW. The Health Professionals Workforce Plan 2012–2022 outlines how NSW Health will approach recruitment, training, education and innovation over the next decade, while establishing the Health Education and Training Institute to help drive skills and leadership development. NSW Health will work to improve workforce planning by Local Health Districts and Specialty Health Networks, with a focus on staff levels and skill mix particularly in regional and rural communities, and continue to model our CORE values of Collaboration, Openness, Respect and Empowerment.

Strategy two: Supporting and harnessing research and innovation

Healthcare in NSW will only advance if we keep pursuing cutting edge, medical and health research and innovation. The NSW Government has created a dedicated Office for Health and Medical Research, a 10 year plan, \$70 million in extra funding and a range of new agencies, programs and policies all designed to fast track new ideas, products and treatments. NSW Health will continue to consolidate and extend research and innovation efforts, and use data and evidence as well as key academic, research and commercial partnerships to drive innovation in the way care is provided.

Strategy three: Enabling eHealth

Technology is rapidly transforming everyday life and healthcare is no exception. NSW has already made major progress in laying the building blocks for a comprehensive eHealth system. The Blueprint for eHealth in NSW sets out a comprehensive plan to further harness technology in clinical care, business services, infrastructure and community outreach. The Blueprint will continue to inform NSW healthcare, including creating new governance arrangements with a dedicated agency – eHealth NSW, a refreshed eHealth vision for the State, and a broad range of initiatives to be implemented in partnership with clinicians that build connectivity, infrastructure and capacity.

Strategy four: Designing and building future-focused infrastructure

NSW Health's facilities are valued at \$19 billion, and as more pressure is placed on the healthcare system, different approaches are required to effectively maintain, develop and manage these assets. Working in collaboration with Local Health Districts and Specialty Health Networks, a major construction and upgrade program is underway across both urban and regional NSW to establish healthcare precincts with public and private services.



Inquiry

Towards 2021

1. Read the snapshot 'Towards 2021' and identify the groups and organisations that:
 - (a) would need to be involved in the development of these health initiatives
 - (b) will be responsible for implementing the initiatives.
2. Outline the benefits that the health promotion strategy hopes to achieve.

study on

Core 1 > Question 4 > Topic 1 > Concept 1

Levels of responsibility for health promotion Summary screen and practice questions

4.2 Benefits of partnerships in health promotion

As you are aware from your studies in the Preliminary Course, the Ottawa Charter can be used as a checklist for health-promoting agencies, both government and non-government, at all levels, to evaluate the chance of campaign success. The five areas of the Ottawa Charter are:

1. developing personal skills
2. creating supportive environments
3. strengthening community action
4. reorienting health services
5. building healthy public policy.

If every area of the Ottawa Charter is well represented through a variety of strategies, then:

- the risk of people or populations adopting poor health behaviours in the first place is vastly reduced
- those people already engaged in poor health behaviours are encouraged to reduce or eliminate these actions, which will result in improvements in their health and a decreased burden on the health-care system.

The prospect of success is also increased if individuals, communities, governments and non-government agencies work together in partnership towards achieving a common health goal. If an integrated health promotion program is implemented, this creates optimal conditions for achieving the program's aims.

There are many benefits of health promotion that involve individuals, communities and governments working together in partnerships. The chance of effective health promotion relies heavily on how it is planned, delivered and evaluated. Individuals and communities need to be included in the planning of all health promotion programs to ensure that their interests and needs are being addressed. It must be **enabling** and done by, with and for people not just imposed on them. This, therefore, encourages participation. Participation contributes to better health outcomes by empowering individuals and communities to take action to improve their health, and ensuring health services meet individual and community needs. Consider the example of a high school deciding to make wearing a school hat compulsory during break times. Do you think students would be more likely to wear a hat designed and chosen by students or one that teachers selected and imposed on the student body? Clearly the one designed by students would be more popular as it would be in a style that students would be more inclined to like.

There is increasing recognition of the value of individuals participating in decisions about their health and health services. A person's sense of well-being is directly related to the quality of their relationships and the amount of control they feel they have over their situation. There are a range of strategies for **empowering** people and communities to identify problems and work together in developing solutions to things that affect their health. These may include consultative community meetings, surveys and the analysis of local health data.

When implementing an integrated health promotion program, it is important to create optimal conditions for success. Capacity building involves the development of sustainable skills, organisational structures, resources and commitment to health improvement, to prolong and multiply health gains many times over. This means that skills can be applied to improve other health issues in the future.

The strategy will be deemed effective if the health of the individual or population is improved. Any improvement can be sustained only if the person's knowledge and skills are improved so they can maintain their new

FIGURE 4.2 Community meetings are one strategy to participate in decisions about health services.



healthier behaviour. This, in turn, leads to the collection of healthier individuals becoming a community of healthier people.

Government and non-government organisations (NGOs) must work with the community to identify priorities and build the capacity of the individuals within the community. They must find out what is already happening and find out what people know and what they think is important. They also need to share information with other agencies to assist with research and information collection. This prevents fragmented, **ad hoc** health promotion initiatives. It also ensures that health promotion is evidence-based or subject to evaluation. The full potential of an approach is only realised when providers are connected and integrated.

SNAPSHOT

Walking the fine line between healthy weight advice and fat shaming

(By Suzanne J Carroll, University of Canberra,

<https://theconversation.com/walking-the-fine-line-between-healthy-weight-advice-and-fat-shaming-81759>)

Being overweight increases your risk of heart disease and stroke, type 2 diabetes, muscle and joint problems, and some cancers (including endometrial, breast and colon). And currently almost two in three Australian adults are overweight or obese.

The increased risk for health problems starts when you are only very slightly overweight and increases as the excess weight increases. The risks associated with a poor diet and high BMI are the top two disease burdens in Australia, ahead of smoking. So reducing overweight and obesity is a government health priority.

But campaigns intending to inform individuals of the risks of excess weight, and consequently motivate them to lose weight, have been accused of promoting 'fat shaming'. For example, the 'Grabbable Gut' campaign came under fire, accused of intending to disgust and shock the viewer, thereby promoting fat shaming.

Fat stigma can adversely affect the physical and mental health of overweight people, and demotivate healthy behaviours, the very behaviours health campaigns hope to improve.

Is all talk of overweight for health fat shaming?

The effects of fat shaming are real and stigmatisation should be avoided. No one should be made to feel so bad about themselves that their health is at risk. But the increased disease risk due to excess weight is also very real. So how do we address this global health problem without making overweight people feel guilty?

For both individual and population health, we need to be able to discuss the risks of excess weight, as well as the health consequences of fat shaming. Compassion and understanding are needed in addressing both problems. This includes acknowledging that health is not just about weight status, yet weight status can and does affect health.

But the main thing that should be highlighted alongside these discussions is that there are many factors that influence human behaviour. Whether we exercise regularly or eat healthy foods is influenced by our age, gender, motivation, sense of capability, and mental health. We're also influenced by broader factors such as the availability, cost and convenience of physical activity opportunities, and healthy and unhealthy food options and marketing strategies.

The influence of social norms

The social environment is a key influence on human behaviour. The attitudes, behaviours and traits of those around us inform what is considered 'normal' and acceptable, influencing our own attitudes and behaviours. We are more likely to be active, eat well, and maintain a healthy weight if those around us are active, eat well, and maintain a healthy weight.

This social influence is expressed as pressure to conform to the 'norm'. Extreme deviations from what is considered 'normal' often result in stigmatisation. This can be seen for almost any trait or behaviour.

With the majority of individuals now overweight or obese, our perceptions of 'normal' body weight no longer reflect what is considered healthy, and being 'a bit overweight' is accepted as normal. This allows the rates of overweight and obesity to continue to rise with little public concern. It also means people who are 'a bit overweight' may not realise their current weight exceeds health recommendations.



As 'normal' body weight increases, 'thin' and 'healthy weight' become deviations from the norm, and 'thin shaming' also occurs.

So how can we influence healthy behaviours?

Overweight and obesity, along with poor diets and insufficient physical activity, are population-wide problems. Approaches targeting individuals are unlikely to be effective, especially when such approaches offend those they aim to motivate and may support stigmatisation. Population-wide strategies are needed.

Policies targeting populations rather than individuals can shape the environment to provide convenient and affordable healthy options for food and physical activity.

Improving public transport, cycling and walking infrastructure would make active transport options more appealing, improving physical activity levels (and reducing reliance on cars, fossil fuel consumption and alleviating traffic congestion to boot).

Food pricing, placement and promotions within supermarkets and other food vendors influence food selection, as can food marketing more broadly. We need policies in place to ensure nutritious foods are affordable and promoted above junk foods high in calories and low in nutrients.

Source: *The Conversation*, 18 August 2017

Inquiry

Empowering change

Read the snapshot 'Walking the fine line between healthy weight advice and fat shaming', then answer the following questions.

1. What potential problem does the writer highlight regarding health promotion campaigns that focus on shame or guilt rather than empowering people to change?
2. Describe how social norms influence people's decisions to be more active and eat well.
3. Why does the writer believe that individual-based strategies for combating obesity are less effective than community-wide strategies?
4. What policies does the writer suggest would have the greatest impact on Australia's obesity levels?

Inquiry

Health service partnerships

Read the snapshot 'Initiatives for New South Wales' health' below, which describes two examples of initiatives for New South Wales' health.

1. Explain the reasons why the NSW State Knockout Challenges initiative has a high chance of improving the health of Aboriginal people. Include in your answer:
 - (a) the benefits of individuals, communities, governments and non-government agencies working in partnerships
 - (b) the relevant action areas in the Ottawa Charter.
2. Explain the reasons why Schools as Community Centres projects will help to improve health of young children in New South Wales. Include in your answer:
 - (a) the activities that might promote better health in families
 - (b) the relevant action areas in the Ottawa Charter.

SNAPSHOT

Initiatives for New South Wales' health

About The Knockout Health Challenge

The Knockout Health Challenge is a community led healthy lifestyle and weight loss challenge for Aboriginal communities across NSW. The program is run by NSW Health in partnership with NSW Rugby League.

The Challenge consists of two 10 week Challenges, The George Rose Challenge and the Julie Young Challenge, named after Rugby League representatives.

The Challenges enables communities to take lead on physical activity and nutrition activities that will work for them, to make and lead a healthier lifestyle. These activities may include weekly boot-camp style workouts, cooking classes, walking groups and educational and information sessions. It is up to the organisation, and team committee to decide what works best for your community.

Why do we have the Knockout Health Challenge?

The objectives of the KOHC are consistent with:

- the priority areas of the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes,
- the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 (Healthy Adults),
- the NSW Aboriginal Health Plan 2013–2023 and
- NSW 2021 state health plan.

The Challenge aims to motivate Aboriginal people to manage their lifestyle-related risk factors for chronic disease and reduce prevalence of overweight and obesity through a weight loss competition and physical activity challenges. Recognising the important role that Aboriginal communities play in leading community events to address chronic disease and associated risk factors is an essential element of the Challenge. Aboriginal communities are the experts in identifying the range of risk factors and issues that exist within a local community and developing measures to address them. The Challenge aims to join up existing services and networks and build capacity in local communities to ensure that outcomes will be sustainable.

There is strong evidence that regular physical activity and healthy eating can be effective in reducing risk factors for chronic disease, and overweight and obesity in the general population.

Source: The NSW Knockout Health Challenge

NSW Schools as Community Centres Projects

Schools as Community Centres (SaCC) projects work with local human service agencies to provide a range of activities and initiatives to engage and support families raising young children. Common SaCC initiatives include supported playgroups, early literacy, parenting programs, transition to school, adult learning and health and nutrition initiatives.

In 2017 a total of 48 Schools as Community Centres projects were based in public schools across NSW. SaCC projects are funded through the NSW Government's Families NSW strategy. Families NSW is jointly delivered by the following government agencies — Department of Family and Community Services, Department of Education and Communities and NSW Health.

Source: *Schools as Community Centres Annual Results Based Report 2011*, pp. 2, 3.

study on

Core 1 > Question 4 > Topic 1 > Concept 2

Benefits of partnerships in health promotion Summary screen and practice questions

4.3 How health promotion based on the Ottawa Charter promotes social justice

The principles of social justice — equity, diversity and supportive environments — are an essential part of effective health promotion. It is imperative that each of the principles is strongly addressed in health promotion initiatives if gaps in health status are going to be bridged across communities.

Inevitably health promotion based on the Ottawa Charter will promote social justice. Earlier in this topic the argument was made for individuals, communities and governments working in partnership to effect positive change in health behaviours via health promotion. Next we will investigate how both the principles of social justice and levels of responsibility for health promotion can be explored in reference to the Ottawa Charter.

4.3.1 Developing personal skills

Developing personal skills is aimed at improving the knowledge and skills of individuals so they:

- are able to make more informed health decisions for themselves
- have the capacity to be a positive influence on those around them.

In order to achieve *equity*, access to education must be assured for all individuals if this social justice principle is going to be upheld. Access can be restricted by factors such as money, distance or lack of exposure. Education to improve a people's level of health literacy is central in ensuring they have the information and skills required to make decisions about their health to ensure positive outcomes. Examples of this may include access to free on-line health courses and PDHPE lessons via distance education.

Diversity is about ensuring that information is relevant to all people irrespective of their age, gender, culture, geographic location, sexuality or socioeconomic status. This is where the 'one-size fits all' approach to health promotion reaps little success. Programs must be able to be personalised in order to target all individuals. Consider a pamphlet that describes how to conduct breast self-examinations to detect the early signs of breast cancer. This pamphlet would develop the skills of a greater group of women if it was available in many different languages and included self-explanatory graphics that could be understood by all women regardless of their level of education.

It is crucial for an individual to develop their personal skills if they are going to overcome any negative influence their environment may have on them. Developing personal skills can support the social justice principle *supportive environments* through empowering individuals by giving them knowledge and skills, which they can pass on to others within their environment. If a parent is educated about healthy food habits they will provide nutritious foods for their children, which will reduce the chance of them developing a diet-related illness such as diabetes.

In terms of levels of responsibility, developing personal skills is directly and most closely related to the individual, as it is about developing their capacity to take charge of their own health.

SNAPSHOT

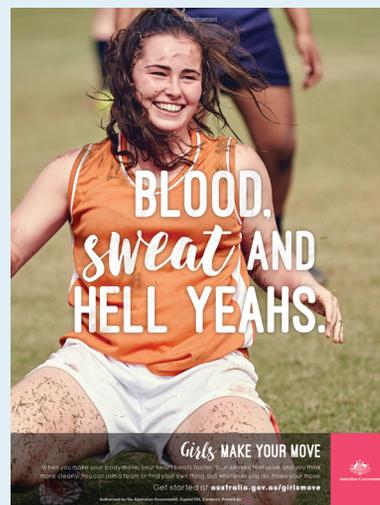
Girls Make Your Move

Girls Make Your Move is a campaign run by the Australian Department of Health to encourage young women, aged between 12 and 19, to become more physically active and healthy. The campaign is inspired by research demonstrating that girls face more barriers to being physically active than boys and based on a similar health promotion campaign that was successful in the UK. The aim of Girls Make Your Move is promoting physical activity to improve long-term health outcomes and disease prevention in young women, who typically engage in lower levels of physical activity than young men.

The specific focus on girls is aimed at counteracting the broad social trend that young women become less physically active and exercise with less intensity as they age. It also tackles the perceived social stigma of vigorous exercise and the potential impact of self-consciousness and fear of judgement — specifically regarding how they look — that some young women feel when exercising.

The campaign features a website, social media and traditional media advertising campaigns that promote sport and physical activity for all young women.

Online material presents sports and physical activity in a positive way, showing young women from a wide range of ethnicities, of many sizes, physical abilities, and at different ages participating in all kinds of strenuous activities — sweating, getting dirty and being physically strong — and enjoying themselves while they exercise. It also features many activities that might be considered 'less traditional' female sports, such as baseball, rugby league and union, and AFL. It also provides information about less common or newer trends in physical activity, such



as roller derby, paddle boarding and dragon boating. Young women are also featured in video stories, promoting their own favourite activities, such as hiking, indoor rock climbing, water polo and wheelchair basketball.

Not only does the campaign promote young women engaging in physical activity, it provides links to help them find local sporting teams, events and activities in their area. Social media pages — Instagram, YouTube and Facebook — and links to healthy lifestyle apps also help to promote the campaign and young women's activities with tips and additional information.

Inquiry

Read the snapshot 'Girls Make Your Move' and explore the **Girls Make Your Move** website, then answer the following questions.

1. List the aims of the campaign.
2. Explain how the visual images used in the campaign might inspire young women who do not normally exercise to become more active.
3. Explain how the campaign aims to break down common barriers that prevent women from being more active.
4. Explain how this campaign demonstrates the 'developing personal skills' action area of the Ottawa Charter.

Resources

 **Weblink:** [Girls Make Your Move](#)

study on

Core 1 > Question 4 > Topic 1 > Concept 3

The Ottawa Charter in action Summary screen and practice questions

4.3.2 Creating supportive environments

A supportive environment significantly increases the chance of a person being able to make positive changes to their health. The place they live and the people around them can either create barriers to good health or in optimal conditions help to break down barriers. The social justice principle of supportive environments is closely linked with this area of the Ottawa Charter.

Any health promotion initiative that addresses and acknowledges the influence of a person's environment will have an increased chance of success. If a local council improves the lighting and security of the local bicycle track it will increase the chance of it being used by people either in the early hours of the morning or later in the evening. This increased level of availability may encourage members of the community to use the track and therefore improve their physical fitness. This is how a *community* can assume some responsibility for promoting health.

SNAPSHOT

Healthy spaces and places

What is Healthy Spaces and Places?

Healthy Spaces and Places is a national guide for planning, designing and creating sustainable communities that encourage healthy living.

Through practical tools, case studies and guidelines, Healthy Spaces and Places aims to:

- encourage the development of built environments that provide opportunities for physical activity and other health-related activities

- continue to improve health outcomes for all Australians through better-designed built environments
- raise awareness of the relationship between physical activity and the built environment, and
- contribute to a national policy setting.

Healthy Spaces and Places is for everyone who can make a difference to the overall health and well-being of Australians. Planning and design professionals, health professionals, the property development industry, governments and the community (individuals, community organisations and anyone with an interest in active, healthy living) can make a difference in order to bring about positive community-level change.

Healthy Spaces and Places is fundamentally about planning for more sustainable communities, with a particular emphasis on the benefits to people's physical and mental health from active or healthy living. It is a guide to help better understand and respond to modern-day issues around planning and health. It highlights the importance of planning and designing communities for people movements, not just car movements, and provides tools for doing this.

At present in Australia, the built environment does not often encourage active lifestyles, but rather reinforces sedentary behaviour and car dependence. Evidence of how the physical environment can make a difference to health and well-being

As a national guide, Healthy Spaces and Places supports and complements planning and design initiatives of state, territory and local governments. It is a single source of easy-to-find information that:

- brings together expertise from different areas (e.g. experts in health, planning, urban design, community safety and transport planning) to help break down the 'silo' mentality and barriers that can prevent knowledge and expertise combining to achieve the best results
- provides links to the health and planning research (the evidence base) that supports planning for active living
- offers a national approach to policy and principles for planners to create environments for active living, and
- is practical, using Australian case studies that show what is achievable.

The design principles identified by Healthy Spaces and Places provide the foundation for planning for active living and for healthier, more active communities. Professional experts in a variety of disciplines have reviewed the design principles and practical advice.

The Australian Local Government Association, the National Heart Foundation of Australia and the Planning Institute of Australia collaborated to create Healthy Spaces and Places. The synergies between these three peak bodies of local government, public health and planning interests provide an opportunity for exploring this cross-sectoral area. Healthy Spaces and Places was funded by the Australian Government Department of Health and Ageing.



Inquiry

Healthy spaces and places

Read the snapshot 'Healthy spaces and places', then answer the following questions.

1. Describe the aims of the project.
2. Identify the organisations, industries and groups that have been involved in the project.
3. Explain how this project and its development demonstrate the action area of the Ottawa Charter related to 'creating supportive environments'.

4.3.3 Strengthening community action

Valuing *diversity* is central when aiming to strengthen community action. Each community is unique and different so must be consulted about the development of health promotion strategies intended to improve their health. It would be even more effective if members of the community were directly involved in the development of the initiative to guarantee their needs are being met. While outsiders can appreciate the diverse nature of other communities it does not mean that they always 'know what's best' for the group. Programs

that prove effective in Indigenous populations always have Indigenous people involved in their development to ensure that cultural aspects are especially considered.

Establishing equity between communities is also very important. Resources — whether financial, structural or human — must be equally available to all communities in order to optimise potential for health promotion success. Government and non-government organisations are highly responsible for achieving the equitable distribution of resources, including grants, donations, program funding or provision of expertise. Communities should also endeavour to find their own catalyst for self-improvement as ownership of the goal will empower and motivate them to achieve it.

4.3.4 Reorienting health services

Reorienting is adjusting a position, direction or approach to suit particular circumstances. The process of reorienting health services encourages the health sector to move beyond its traditional role of providing curative services. For example, in order to ensure that equity is achieved, the health services offered must be culturally sensitive and respect the diverse needs of all people irrespective of their backgrounds. Doctors should be aware of how their patient's cultural background may be influencing their health choices rather than just addressing symptoms they may be displaying.

Reorienting health services is also about change in professional education and training. All individuals, irrespective of educational backgrounds, should have equal opportunities to train in the promotion of health as well as the provision of health services to increase the health outcomes of their own community and that of others. This would uphold the social justice principle of equity.

The benefit of research into health conditions is that it can improve health outcomes for all groups of people, particularly if it encourages change in negative lifestyle behaviours. This aspect of reorienting health services addresses diversity and equity as all people in the future can reap the positives outcomes of important research, whether it is scientific or social.

CASE STUDY

Aboriginal health officers working to make doctor's visits easier

(By Kate Wild and Xavier La Canna)

Visiting a doctor can be a difficult task for some Indigenous Australians but some health workers are trying to make it easier.

'Some of them rely on medicines from the bush I think and it is hard for them to come into the mainstream places to get white man's medicine,' explained Andrea Mitchell, a Larrakia woman from Darwin.

'They do find it really hard to explain to a white person what their problem is and how to go about it.'

She said language and cultural barriers dissuaded some Indigenous people from visiting the doctor, which could lead to health conditions deteriorating.

Aboriginal and Torres Strait Islanders have a life expectancy of 69.1 years for men and 79.7 years for women — much lower than non-Indigenous Australians.

'Common misconception that medicine is sugar pill'

But Indigenous health officers like Malcolm Laughton are working to change that.

His job at Aboriginal health service Danila Dilba is to speak with people before they see a doctor, to help them explain what is wrong and to ensure the contact is culturally appropriate.

He said initially Indigenous health officers were used when infectious diseases that required long-term treatment were more common, and Indigenous people from remote communities where they may not speak English may have needed someone to help them so treatment was more effective.

'It was a pivotal role in eradicating diseases such as leprosy,' Mr Laughton said.

'Every health worker has differing knowledge and differing connections through different parts of the NT and the different Aboriginal communities.

'This knowledge is used to get a good consult between the client and the Aboriginal health workers, to be able to treat successfully,' he said.

The role has gradually evolved and broadened over time.

When people saw him after coming out of hospital they sometimes had wrongly understood things they had been told, Mr Laughton explained.

‘The first thing I ask them is “Do you know what this tablet is for?”

‘A common misconception is that it is a sugar tablet, so when they don’t have the tablet, they can often just take sugar, which is actually the wrong story,’ he said.

More attuned to culture

He also is attuned to cultural protocols.

‘I think sometimes the consult definitely is cultural and sometimes spiritual-based and acknowledging these parts of people’s lives helps to get a better consult and make them feel comfortable,’ Mr Laughton said.

‘We always ask our clients firstly if it is myself, a male, and I have to screen a female I always ask “Would you like to see a female instead?”’

For Ms Mitchell, going to see an Indigenous health worker makes her feel more comfortable when she has to see a doctor.

‘I find it comfortable, as other Aboriginal people as well they would find it a little bit more comfortable talking to an Aboriginal liaison officer or practitioner before talking to say a non-Aboriginal person,’ she said.

‘It is better. I find it better to talk to an Aboriginal person because you feel they understand you better.’

Source: ABC News, 4 July 2016

4.3.5 Building healthy public policy

Through implementing legislation, policies and fiscal measures, governments can work towards creating equity among individuals and across different populations. Laws can ensure that all people are treated fairly, irrespective of their social markers. For example:

- all workplaces have government-enforced smoking bans that protect both blue-collar and white-collar workers
- the Pharmaceutical Benefits Scheme (PBS) is an example of how the social justice principle equity is addressed by the Commonwealth Government. It recognises that not all people can afford the cost of prescription drugs so, in order to create equal access, the government subsidises the cost of the medication to assist people from low socioeconomic backgrounds.
- the ‘no hat, no play’ policy in primary schools promotes a supportive environment for children, as wearing a hat during breaks is compulsory. This protects children from UV exposure and reduces the chance of them developing skin cancer.

Building healthy public policy relies heavily on the initiative and support of government and non-government organisations to implement change to create positive health outcomes for communities and individuals.

FIGURE 4.3 The ‘no hat, no play’ policy in schools is an example of a health-promoting action.



4.4 The Ottawa Charter in action

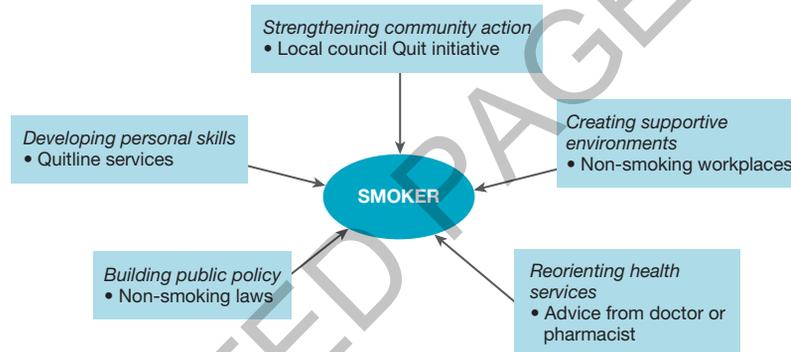
For an area of the Ottawa Charter to be properly addressed in a health initiative there must be many strategies that represent the area within the campaign. People must almost feel that there is nowhere to hide from messages regarding their health behaviours. We can think of the Ottawa Charter as a well coordinated army that surrounds and attacks poor health behaviours or encourages positive health behaviours. Consider the following example of the influences related to areas of the Ottawa Charter that surround a smoker in a normal day.

Denni wakes up in the morning, gets ready for work and walks to catch the bus, having a cigarette on the way because it is illegal to smoke on public transport (*building public policy*). She notices a local council poster on the bus shelter about Quit Month. It outlines the services that the council offers to assist people to give up smoking (*strengthening community action*). Denni catches the bus to work and quickly has a cigarette outside the building as smoking is not allowed inside (*creating supportive environments*). She turns on her computer, checks her emails and finds a reminder message from the Quitline about registration and offering support and strategies to quit smoking (*developing personal skills*). After work, Denni has a doctor's appointment to check on a cough she has developed. The doctor reminds her of the adverse effects of smoking and gives her a prescription for medication to help with giving up smoking (*reorienting health services*).

This example illustrates a multifaceted health promotion initiative. Whether smokers are aware of it or not, they are constantly being supported and encouraged to give up smoking. Messages are continually reviewed and revised by health-promoting agencies in case people become resistant to their impact.

The two health promotion initiatives that are analysed in the following section address two of Australia's health priorities. Both approaches are government-driven initiatives that are effective because of the partnerships with non-government agencies that exist within them.

FIGURE 4.4 Action areas of the Ottawa Charter applied to the example of smoking



4.4.1 National Tobacco Strategy 2012–18

The Ministerial Council on Drug Strategy established the importance of a National Tobacco Strategy in November 2004. While levels of smoking have reduced in all age groups and demographics since the strategy was released in 2004, it is estimated that approximately 15 000 Australians still die every year from tobacco and smoking-related diseases. Figure 4.5

The National Tobacco strategy is a very successful example of the Ottawa Charter at work. The 2012–18 strategy is a multifaceted campaign with nine priorities:

- protect public health policy, including tobacco control policies, from tobacco industry interference
- strengthen mass media campaigns to: motivate smokers to quit and recent quitters to remain quit; discourage uptake of smoking; and reshape social norms about smoking
- continue to reduce the affordability of tobacco products
- bolster and build on existing programs and partnerships to reduce smoking rates among Aboriginal and Torres Strait Islander people
- strengthen efforts to reduce smoking among people in populations with a high prevalence of smoking
- eliminate remaining advertising, promotion and sponsorship of tobacco products

FIGURE 4.5 Smoking bans have contributed to reduced rates of smoking.



- consider further regulation of the contents, product disclosure and supply of tobacco products and alternative nicotine delivery systems
- reduce exceptions to smoke-free workplaces, public places and other settings
- provide greater access to a range of evidence-based cessation services and supports to help smokers to quit.

(Source: National Tobacco Strategy 2012–18, page iii.)

These nine priorities can be achieved through well considered and planned health promotion. Table 4.2 outlines the strategies, the relevant action area of the Ottawa Charter and reasons for the effectiveness of the strategies.

TABLE 4.2 Analysing the National Tobacco Strategy (2012–18)

Priority	Summary of Actions	Ottawa Charter	Reasons for effectiveness of strategy
Protect public health policy, including tobacco control policies, from tobacco industry interference	Develop policies to regulate and limit the ways that the tobacco industry can influence public health policies.	Building healthy public policy	Public policy will not be unduly influenced by tobacco companies wishing to exert their financial or lobbying influence, ensuring a clear anti-smoking message underlies all policy.
Strengthen mass media campaigns to <ul style="list-style-type: none"> • motivate smokers to quit and recent quitters to remain quitters • discourage uptake of smoking • reshape social norms about smoking 	Run, monitor and evaluate mass media and digital media campaigns to encourage people to stop smoking – especially campaigns targeting: <ul style="list-style-type: none"> • new initiatives (e.g. plain packaging) • communities with high levels of smoking (e.g. Aboriginal and Torres Strait Islander communities). Enhance collaboration between national, state and territory campaigns, and share research and campaign findings with global community.	Create supportive environments	Being exposed to messages that bluntly describe the health risks will discourage people from taking up smoking. <p>People are exposed to positive messages about the process of quitting, including ways to help quit.</p> Negative messaging about smoking help to make it socially unacceptable or negatively stigmatised. <p>Successful strategies can be shared and used world-wide to create a global culture that celebrates quitting and stigmatises smoking.</p>
Continue to reduce the affordability of tobacco products	Analyse the impact of the 2010 tobacco excise increases, including the impact on young people and smokers from low socioeconomic groups, and identify and reduce ways that the impact of price rises can be undermined, such as international and domestic illicit tobacco trade. <p>Continue to implement regular staged increases in tobacco excise as appropriate, to reduce demand for tobacco, along with extra support for low-income earners to quit.</p>	Building healthy public policy	Understanding ways that the tobacco industry and smokers can lessen the impact of price rises helps to find ways to prevent loopholes. <p>Consistent international and national approaches to the illicit tobacco trade will help to stop the trade in cheap tobacco products.</p> Increasing taxes to raise the price of tobacco products through policy development makes them less affordable for smokers and helps to put off potential new smokers.

(Continued)

TABLE 4.2 Analysing the National Tobacco Strategy (2012–18) (Continued)

Priority	Summary of Actions	Ottawa Charter	Reasons for effectiveness of strategy
<p>Bolster and build on existing programs and partnerships to reduce smoking rates among Aboriginal and Torres Strait Islander people</p>	<p>Continue and monitor the success of national, state and territory programs to reduce smoking among Aboriginal and Torres Strait Islander people. Support Aboriginal and Torres Strait Islander people and organisations in their efforts to promote the benefits of being smoke free, including continuing community-controlled tobacco regulation in Aboriginal and Torres Strait Islander communities, strengthening collaboration with other organisations, training health workers, screening and stop smoking programs, access to nicotine replacement programs, and targeted education and media campaigns.</p>	<p>Strengthening community action</p>	<p>Aboriginal and Torres Strait Islander smokers may be more inclined to listen to quit messages from, and feel more supported by, members of their own community, especially people who have been smokers in the past. Accurate data about which programs are the most successful will help to shape appropriate and more successful programs in the future. Key stakeholders are represented, which will ensure that various cultural considerations will be acknowledged when making decisions. Resources will be targeted specifically for Aboriginal and Torres Strait Islander communities, and subgroups within each community such as pregnant women, which will help to reduce cultural barriers and target health education more effectively.</p>
<p>Strengthen efforts to reduce smoking among populations with a high prevalence of smoking</p>	<p>Form new partnerships and build existing collaboration between governments, non-government organisations with tobacco control expertise, social service organisations and mental health care providers/organisations. Expand existing effective programs targeting groups with high levels of smoking based on evidence-based research. Ensure mental health and drug treatment facilities are smoke-free, and build quit and secondary-smoke reduction programs in correctional facilities.</p>	<p>Creating supportive environments</p>	<p>Smokers are supported by health and community services professionals to give up smoking. Reducing the levels of smoking in institutions helps to reduce the social acceptability of smoking. Targeting programs to high-risk groups will help to make the program more effective for that specific group of people and help to remove their specific barriers to quitting.</p>

(Continued)

TABLE 4.2 Analysing the National Tobacco Strategy (2012–18) (*Continued*)

Priority	Summary of Actions	Ottawa Charter	Reasons for effectiveness of strategy
Eliminate remaining advertising, promotion and sponsorship of tobacco products	<p>Implement plain packaging and larger warnings, and monitor success and related laws.</p> <p>Explore new ways to limit promotion and sponsorship such as tobacco company expenditure reporting, banning all remaining forms of tobacco promotion and/or sales incentives.</p> <p>Monitor and explore regulation of presentations of smoking in the media.</p>	Creating supportive environments	<p>Smokers are faced with graphic reminders of the impact of smoking on their health, which means they are well-informed about the health risks and this may encourage them to make the decision to quit and increase their chances of success.</p> <p>People will not be reminded that they want tobacco products if they are not on display or advertised in the media, and images of famous people smoking (which glorifies the habit) will not be seen.</p>
Consider further regulation of the contents, product disclosure and supply of tobacco products and alternative nicotine delivery systems	<p>Commission research about tobacco ingredients, emissions and tobacco sales outlet restrictions to inform new regulation options.</p> <p>Commission research about alternative nicotine delivery and develop an appropriate policy approach.</p> <p>Continue international collaboration regarding tobacco regulation.</p> <p>Renew efforts to monitor and enforce laws banning sale to minors.</p>	Building healthy public policy	<p>Research can inform strong policy development to influence smokers' decisions, and retailers' and manufacturers' operations. This hard data would allow the government to strategically target Quit programs to those who would benefit most.</p> <p>Research may uncover a breakthrough in ways to treat nicotine addiction.</p> <p>Quit messages can be tailored to different cultural groups according to what has worked in different parts of the world. Countries provide a unified approach to quit programs.</p> <p>Harsh laws and fines ensure that retailers will not be tempted to sell tobacco products to minors.</p>
Reduce exceptions to smoke-free workplaces, public places and other settings	<p>Continue to monitor and enforce existing smoke-free legislation, including through stronger partnerships with health services, workplaces, levels of government etc.</p> <p>Monitor and implement policies to reduce children's exposure to second-hand smoke, such as in cars and in the home.</p>	<p>Building healthy public policy</p> <p>Creating supportive environments</p>	<p>Smokers may be encouraged to give up or at least reduce smoking because of the inconvenience caused by not being able to smoke at work or when they socialise.</p> <p>Non-smokers are protected in their workplace and social settings from passive smoking.</p> <p>Children are not exposed to harmful secondary smoke.</p>

(Continued)

TABLE 4.2 Analysing the National Tobacco Strategy (2012–18) (Continued)

Priority	Summary of Actions	Ottawa Charter	Reasons for effectiveness of strategy
Provide greater access to a range of evidence-based cessation services to support smokers to quit	Increase range and access to quit programs, especially for groups with high prevalence of smoking, and improve integration of health (mental and physical) and quit services.	Reorient health services	Smokers are supported by health professionals to give up smoking to improve other health conditions that are a result of or affected by tobacco use. People with mental illness benefit from quit support integrated with their medical care.
	Continue to promote quit services, with greater focus on online services.	Developing personal skills	Smokers have access to information they can use to help themselves to quit irrespective of their location.

Inquiry

The National Tobacco Strategy

Using table 4.2, study figures 4.6, 4.7 and 4.8 and identify to which area of the Ottawa Charter the improving trends can be attributed. Justify your choice by outlining your reasons. Remember there may be more than one relevant area of the Ottawa Charter, which makes it important for you to provide support for your selections.

FIGURE 4.6 Amounts of tobacco products levied for duty for sale in Australia (all tobacco products) 1930–2011

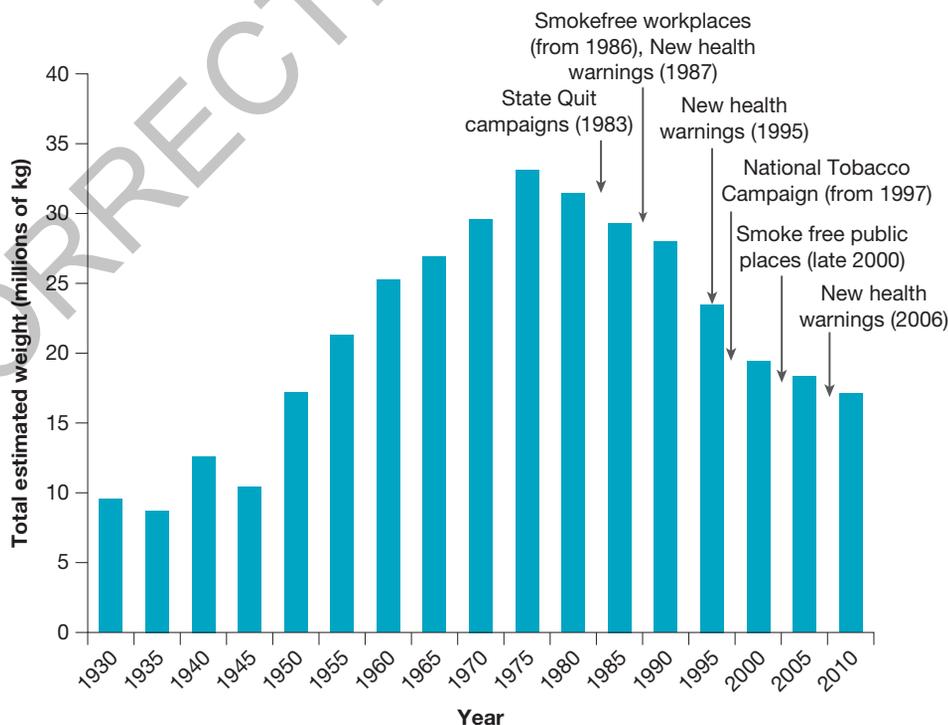


FIGURE 4.7 Trends in proportion of current smoking (smoked in past week) among 12- to 15-year-old students, and 16- and 17-year-old students (1984–2014)

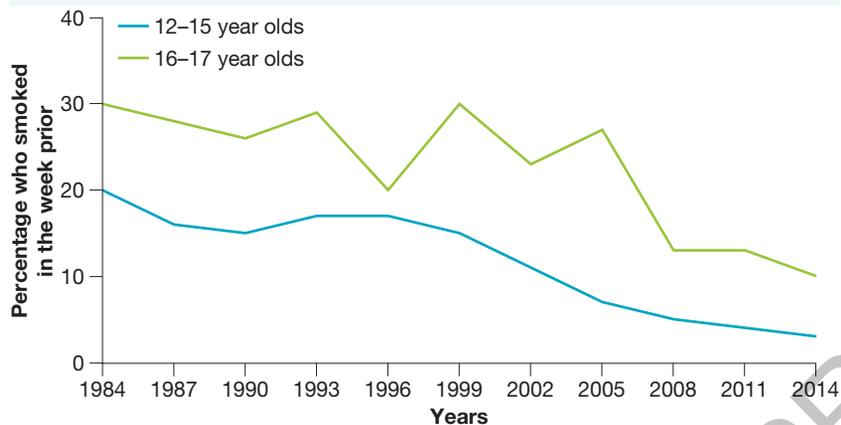
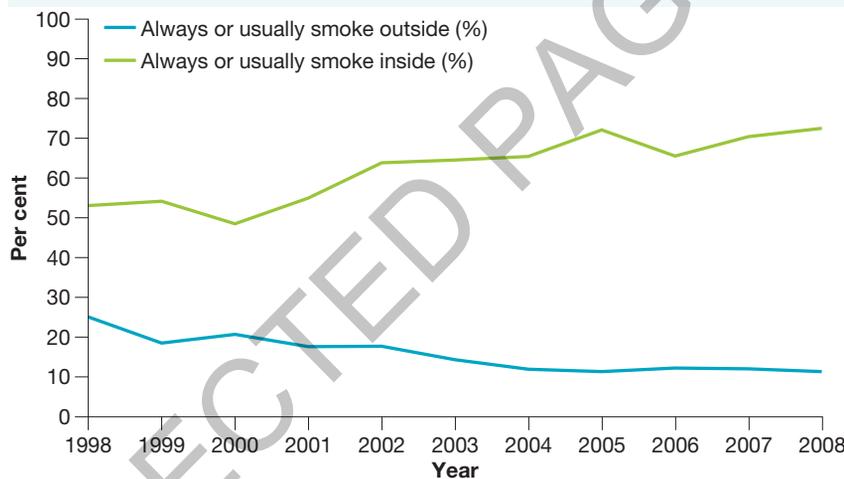


FIGURE 4.8 Trends in smoking habits inside and outside the home, 1998–2008



4.4.2 Head to Health Initiative 2017

Another example of a health promotion plan that effectively reflects areas of the Ottawa Charter is the *Head to Health* website, launched in October 2017. The site is a way for people experiencing mental health issues, or people who are worried about others’ mental health, to access easy to understand, reliable information; links to support services; and practical resources. The site has been designed to help improve the lives of Australians with mental illnesses, and to promote greater awareness of strategies to improve well-being in the general community. It was developed as part of the federal government’s response to National Mental Health Commission’s ‘Contributing Lives, Thriving Communities – National Review of Mental Health Programmes and Services’ in 2014.

The site provides links to online and phone services that help with a range of mental health issues, and promote well-being. The services are divided into five main sections.

- Living a meaningful life, including resources to help stay physically healthy, build strong relationships, find a sense of fulfillment and feel safe.
- Mental health difficulties, which provides resources for people, and their loved ones, experiencing mental health conditions or disorders.
- Supporting yourself, which provides practical suggestions and links for where to seek support, including the details of services that help with specific concerns or that support specific demographic groups.
- Supporting someone else, which provides practical suggestions and links for carers, including the details of services that support specific cultural groups or age groups.

On 26 November 2015, the Australian Government released its Response to the Commission’s Review *Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services*. A key element of the Government’s Response was making optimal use of digital mental health services through the development of a new consumer-friendly digital mental health gateway, Head to Health. Head to Health aims to help people more easily access information, advice and Australian digital mental health treatment options (and non-digital options if considered more appropriate to need). The website is available at <http://www.headtohealth.gov.v.au>. Features and functions of the website include:

TABLE 4.3 Analysing the *Head to Health* website

Categories of resources	Key areas	Provides information and resources about	Ottawa Charter	Reasons for effectiveness of strategy
I need help now	Helplines and 000	<ul style="list-style-type: none"> • who to contact if you are in immediate danger or in distress 	Creating supportive environments	Making the contact details for urgent support lines a prominent feature of the site helps people find the details easily, especially during a time of crisis – this acknowledges that when someone needs urgent support they may not have the time or clarity to search the site for the right number to call, and thus supports them in doing so easily. The prominence and availability may also encourage those who need help to contact someone more quickly than if the contact details were not so obvious and easy to find. This helps to break down the worry or stigma about finding help.
Meaningful life	Physical health	<ul style="list-style-type: none"> • living an active life • eating well • getting enough sleep 	Creating supportive environments Developing personal skills	Providing people with messages about living an active, healthy lifestyle and the benefits this can have on well-being helps them to make healthy lifestyle choices. Links also provide ways to improve physical health, encouraging people to take up physically healthy habits as a way of supporting their mental health.

(Continued)

TABLE 4.3 Analysing the *Head to Health* website (Continued)

Categories of resources	Key areas	Provides information and resources about	Ottawa Charter	Reasons for effectiveness of strategy
	Connectedness	<ul style="list-style-type: none"> • building strong relationships and support networks in the community, for example through sports, cultural activities or spirituality • building healthy family relationships, including building positive relationships with a partner, children, parents or pets • building healthy work relationships 	Creating supportive environments Strengthening community action	Discussing the ways that other people impact on mental health helps to promote community-minded behaviours and practices. Exposing people to research-based information about how their connection with others and engagement with activities affects their well-being, and suggestions for the kinds of activities to try, makes this seem like a simple but effective strategy, and empowers them to take steps to improve this area of their life. Providing links to sites that provide support for building healthy relationships also helps to empower people to seek help, and to help those around them by giving them the tools to do so.
	Purposeful activity	<ul style="list-style-type: none"> • finding a bigger purpose, passion or sense of meaning in life, for example through hobbies, volunteering, or education and work. 	Strengthening community action Developing personal skills	Learning about different activities could encourage people to try new activities that help them feel a stronger sense of purpose and enjoy life more. Encouraging people to find support in creating a greater sense of fulfilment in their life, or broaching the subject of their passions and interests with family and friends or seek out like-minded people.
	Feeling safe, stable and secure	<ul style="list-style-type: none"> • finding somewhere safe, secure and stable to live • managing finances • creating a safe neighbourhood 	Creating supportive environments Strengthening community action Developing personal skills	Providing information about how to create a safe environment in your home or neighbourhood, and what to do if you feel unsafe or don't have stable accommodation, helps to empower individuals to change their circumstances. Understanding how to manage money helps people to afford the basics they need to survive: food, accommodation. In addition to the personal empowerment of understanding how to be safe and secure, connecting people with resources to help their wider community improve their well-being and safety helps individuals act – they feel less alone and can find power in collective action.

(Continued)

TABLE 4.3 Analysing the *Head to Health* website (Continued)

Categories of resources	Key areas	Provides information and resources about	Ottawa Charter	Reasons for effectiveness of strategy
Mental health difficulties	Self-harm	<ul style="list-style-type: none"> • helping someone who is self-harming • what to do if you are considering self-harm 	Creating supportive environments Developing personal skills	Providing simple, effective tools and support networks might help to alleviate some the fear and confusion of potential or events of self-harm or suicidal thoughts, which may help them support others or seek support more readily. Knowing some helpful, practical steps to follow may also help people offer support more effectively or help them find agencies that they otherwise would not know existed – in times of crisis, quick access to help may be vital.
	Suicidal thoughts	<ul style="list-style-type: none"> • helping someone who is having suicidal thoughts • what to do if you are having suicidal thoughts 	Creating supportive environments Developing personal skills	
	Mental health conditions	<ul style="list-style-type: none"> • a range of mental health conditions, including anxiety disorders, depressive disorders, eating disorders and trauma and stressor-related disorders. 	Creating supportive environments	
Supporting yourself	Seeking support	<ul style="list-style-type: none"> • the benefits and places to find support, online and face-to-face • overcoming the fear of asking for help or being open about mental health issues 	Creating supportive environments Reorienting health services	Providing clear, fact-based information about types of support helps to break down any stigma or misunderstanding, and empowers people to find support that suits them. This helps to break down the fear or embarrassment of not knowing where to seek help, empowering people to be more open. Providing this information also helps healthcare providers. They can refer people to the pages to help prepare them for visits to specialists. It also gives people more information about different services to break down confusion about language or processes within the healthcare system. The option of online or phone support also helps to create equity for those who are not able to easily access services in person.
	Professional support	<ul style="list-style-type: none"> • how to choose a health provider • different types of health services • what you can expect from a health professional when you talk to them about mental health issues • available online and phone support 	Creating supportive environments Reorienting health services	

(Continued)

TABLE 4.3 Analysing the *Head to Health* website (Continued)

Categories of resources	Key areas	Provides information and resources about	Ottawa Charter	Reasons for effectiveness of strategy
	Domestic violence	<ul style="list-style-type: none"> • what constitutes domestic violence and how it can affect mental health • how and where to ask for help • how to support someone who is experiencing domestic violence • what perpetrators of violence can do to change their behaviour 	Creating supportive environments Developing personal skills	Providing clear, fact-based information about types of support helps to break down any stigma or misunderstanding, and empowers people to find or offer support. The information also provides information targeted at helping perpetrators stop abusive behaviours, creating an environment in which seeking help and developing healthier personal behaviours is encouraged.
	'Sam the chatbot'	<ul style="list-style-type: none"> • a 'virtual assistant' who can help visitors to the site find the information or services they need based on their situation or concerns 	Reorienting health services	Providing a means for people who may not know where or how to ask for help breaks down the fear and uncertainty of needing help but not knowing who to ask. The online 'bot' also reduces the initial fear and anxiety by listing potential questions or concerns.
	Find services and resources	<ul style="list-style-type: none"> • divides key areas of support according to the type of support, for example websites, apps or forums 	Creating supportive environments Developing personal skills	Listing services based on their method of delivery enables people to find support that suits their needs. It is also personally empowering because it places the decision about how to seek help in the hands of the individual.
	Support for ...	<ul style="list-style-type: none"> • links to support services according to specific demographics (women, men, young people, rural and remote people), issues (sexuality, veterans' issues) and cultural groups, (Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds). 	Creating supportive environments Strengthening community action	Connecting people with services tailored specifically for them not only matches their needs to appropriate services, but also provides an opportunity for communities to become involved in supporting and promoting organisations. This also acknowledges and support the different concerns of specific groups of people, creating an environment in which members of specific communities might feel less alone or isolated because of their well-being issues.

(Continued)

TABLE 4.3 Analysing the *Head to Health* website (Continued)

Categories of resources	Key areas	Provides information and resources about	Ottawa Charter	Reasons for effectiveness of strategy
Supporting someone else	How to support someone		Creating supportive environments Developing personal skills	Providing clear, fact-based information about types of support helps to break down any stigma or guilt associated with caring for someone with mental health issues.
	Grief and loss when caring		Creating supportive environments Developing personal skills	This empowers people to find support that suits them and their loved one, and offers a way to discuss each person's needs and thoughts more openly. This also helps to break down any reluctance, fear or embarrassment about seeking help.
	Supporting ...	<ul style="list-style-type: none"> links to support services according to specific groups, including family members, young people and children, aged and elderly, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, co-workers, and friends. 	Creating supportive environments Strengthening community action	Connecting people with services tailored specifically for them not only matches their needs to appropriate services, but also provides an opportunity for communities to become involved in supporting and promoting organisations. This also acknowledges and support the different concerns of specific groups of people, creating an environment in which members of specific communities might feel less alone or isolated because of their well-being issues.
Service providers		<ul style="list-style-type: none"> lists a range of Australian mental health service providers alphabetically. 	Reorienting health services	Providing people with information and easy links to services makes people feel more empowered to seek help; rather than each provider being found through their own site, this collection of evidence-based services helps people to find appropriate help easily. It is also a new way that recognised providers can make potential clients aware of their services.

Application

Analysing a health promotion initiative

Research and construct a well-structured answer to the following question: 'Critically analyse the application of the five areas of the Ottawa Charter to a health promotion initiative you have studied that addresses cancer.'

Remember that in order to critically analyse you must add a level of depth, knowledge, understanding and quality. Analyse means to identify components and the relationship between them, then draw out and relate implications. Ask your teacher to check that you have actually critically analysed.

4.5 Topic review

4.5.1 Summary

- Health promotion has an increased chance of success when individuals, communities, government and non-government organisations work together in partnership.
- A multifaceted health promotion campaign, including strategies that represent all five action areas of the Ottawa Charter, has the greatest chance of improving the health of individuals and, in turn, entire communities.
- Individuals, communities, government and non-government organisations must take various levels of responsibility in actioning the Ottawa Charter.
- The social justice principles are reflected in and supported by the Ottawa Charter. They do not exist in isolation, but work together in order to achieve health for all.
- All areas of the Ottawa Charter are comprehensively addressed in any successful health promotion campaign.

4.5.2 Questions

1. Describe how individuals, communities and governments can work in partnership when developing health promotion initiatives. (H5) (5 marks)
2. Assess the value of health promotion based on the Ottawa Charter. (H4) (8 marks)
3. Justify how health promotion based on the Ottawa Charter promotes the principles of social justice. (H14) (8 marks)
4. Critically analyse the importance of the five action areas of the Ottawa Charter on a health promotion initiative you have studied that aims to address Australia's health priorities. (H4, H15) (8 marks)

Resources

-  **Interactivity:** Revision quiz: auto-marked version (int-7189)
-  **Interactivity:** Missing word interactive quiz (int-7190)
-  **Digital doc:** Revision quiz: Word version (doc-24823)

4.5.3 Key terms

ad hoc means impromptu or for a single purpose rather than a coordinated one. *p. 123*

empowering is giving people the support needed to achieve a goal. *p. 122*

enabling means allowing or giving the means for something to be carried through. *p. 122*

health promotion is a combination of science, medicine, practical skills and beliefs aimed at maintaining and improving the health of all people. *p. 118*

reorienting is adjusting a position, direction or approach to suit particular circumstances. *p. 129*