TOPIC 3
What strategies help to promote the health of individuals?

OVERVIEW
3.1 What is health promotion?
3.2 Responsibility for health promotion
3.3 Health promotion approaches and strategies
3.4 The Ottawa Charter as an effective health promotion framework
3.5 Principles of social justice
3.6 Topic review

OUTCOMES
In this topic students will:
• describe factors that contribute to effective health promotion (P5)
• propose actions that can improve and maintain an individual’s health (P6)
• form opinions about health-promoting actions based on a critical examination of relevant information (P15)
• use a range of sources to draw conclusions about health and physical activity concepts. (P16)
Health is the result of a complex interaction of people’s personal health behaviours and a range of social, economic, cultural and environmental determinants that exist in the society in which they live. These wider social and cultural factors can shape or limit an individual’s decision making, affect power relations, and can determine the amount of control an individual has over his or her health.

For some people, these factors are conducive to good health; that is:

• they have acquired the knowledge, understanding and means to make positive health decisions
• they live and work in environments that support them in making health-promoting choices.

Others may be influenced by factors that prevent them making good health decisions or limit their ability to easily make choices that will promote better health. For example, they may have poor nutrition due to lack of money, poor availability of nutritious foods in their local area or lack of knowledge of how to cook healthy meals.

It is now widely accepted that, in order to improve the health and well-being of individuals and reduce the burden of preventable diseases, health services need to consider not only factors related to the individual, but also factors relating to the broader community, environment and social context in which people live. If individual behaviour change is to occur it needs to be supported by a variety of social, cultural, economic and political changes to our environment.

In this topic, we look at strategies that can assist to promote the health of individuals and consider who is responsible for promoting better health for individuals. We examine how the Ottawa Charter provides a framework for health promotion that addresses the social determinants of health and explore successful health promotion initiatives based on the action areas of the Ottawa Charter. We will also learn about principles of social justice and identify strategies that have applied these principles to improve people’s health.

### 3.1 What is health promotion?

Health promotion aims to achieve better health for everyone. It is the process of preventing ill health and advancing the health of individuals and the community through planned interventions.

The World Health Organization defines health promotion as ‘the process of enabling people to increase control over their health and improve their health’. This definition underpins a global approach to health promotion initiated by the World Health Organization. In 1986 this definition was incorporated in a document known as the Ottawa Charter for Health Promotion that was developed as part of the first International Conference for Health Promotion.

The Ottawa Charter outlines essential actions for effective health promotion and is based on the understanding that health is socially determined. It recognises the importance of a broad range of approaches to health promotion that assist people to gain greater control over their health and improve their health outcomes. These approaches need to:

• focus on the prevention of ill health, not just on treating illness
• provide resources and opportunities for individuals and groups to achieve positive health
• include school and community health education
• include resources to support healthy living and working environments
• ideally, provide equal access to health and physical activity resources for everyone
• include legislation, policies and economic conditions to protect people from harm.

Health promotion therefore is more than teaching people the importance of good health or promoting lifestyle behaviours that reduce the chance of diseases developing in later life. It involves:

• recognising the social, economic, behavioural, environmental and lifestyle factors that contribute to the lifestyle-related health problems that are currently prevalent
• seeking to address these factors in order to support behavioural change.

Without the provision of systems that help create supportive environments and promote improvements in people’s health behaviours, significant improvements in the health of individuals and populations will not occur. The following summary lists the various systems that enable supportive environments to be created.
1. **Government legislation and regulations.** Some laws, such as laws restricting the use of hand-held mobile phones when driving, guard our health and well-being. Similarly, regulations control how things are done and ensure that certain standards are maintained to protect health; for example, food safety regulations ensure food is handled and stored hygienically and correctly.

2. **Physical supports.** These include the provision of services and facilities that promote and protect good health (for example, shaded playgrounds and breast screening services) as well as those that treat health concerns (for example, hospitals, surgeries and community health centres).

3. **Economic supports.** Governments must allocate sufficient money to support health and welfare programs and enable them to function effectively.

4. **Social supports.** These include health personnel and community groups who are trained and equipped to assist in health care, such as doctors, dietitians, counsellors, support groups and social workers.

5. **Educational supports.** These include traditional health education programs in schools, as well as information, education and advice provided in other settings; for example, via websites or through public health campaigns.

6. **Organisational supports.** This involves policies, programs and practices being established in large organisations such as schools or workplaces to support the creation of health-promoting environments.

A combination of these support systems, rather than any single factor such as advertising, is most effective in bringing about behavioural changes needed to improve our health.

**FIGURE 3.1** Some laws are designed to guard our health and well-being by limiting risk-taking behaviours.

Research has also shown that effective health promotion must involve the community at all levels. People must feel that they are a part of the system, and that an improvement in their attitudes and practices will be an improvement for everyone.
Inquiry

What is health promotion?

In groups, recall and list any health promotion strategies or initiatives that have been introduced to address the following health concerns:

- tobacco smoking
- binge drinking
- depression
- road injuries
- skin cancer
- overweight/obesity.

Share your group’s responses with the class.

3.2 Responsibility for health promotion

A wide range of people and groups have responsibility for promoting better health. These include:

- individuals
- community groups and schools
- non-government organisations
- various levels of government
- international organisations.

For health promotion to be effective, a coordinated approach by all people and organisations involved is needed to successfully plan, develop and deliver initiatives that address identified areas of concern.
3.2.1 Individuals

Individuals play a key role in promoting their own health, because personal behaviour is the major determining factor of health status. Good health can be promoted by making choices that enhance personal health and leading a healthy lifestyle. However, the living conditions of some people limit their ability to easily make healthy choices and prevent them from taking control of their health, leaving them vulnerable to illness and disease.

For health promotion to be effective, individuals need to be empowered. Individual empowerment refers to an individual’s ability to make decisions about, or have personal control over their life. We need to be encouraged to participate in improving our level of health. This is best achieved when we are:

- provided with accurate and relevant health information that is easily accessed and understood
- given the opportunity to be involved in decision making about our own and our community’s health
- encouraged to work with a wide range of health professionals, knowing that our opinions will be taken into account
- given the opportunity to develop personal skills that will aid us to adopt or maintain positive health behaviours
- provided with social and economic supports that will encourage a healthy lifestyle.

A diverse range of individuals working in health-related areas are able to work alongside people in ways that support them to develop greater control over their own health and bring about improvements. These include people traditionally involved in health professions such as:

- general practitioners
- dietitians
- counsellors
- dentists
- health workers
- community nurses.

Health professionals are able to increase people’s awareness of health risk behaviours and provide them with information on healthier lifestyles. They can assist individuals to develop skills that can help them to modify these behaviours or recognise health problems in their early stages. For example, doctors can teach women how to perform regular breast self-examinations or help clients to quit smoking. They can also work with patients to determine how to effectively use the health services available to support positive health choices.
FIGURE 3.4 Health-care professionals are only one element in the support system needed to improve people’s health.

The understanding that health is socially determined has led to a broader range of individuals becoming involved in promoting better health for individuals, including:

- health educators
- social workers
- urban planners
- community workers
- environmental health officers.

These professionals also have roles to play in encouraging individual behavioural change, providing resources to support healthy living and working environments, and focusing on the prevention of ill health.

Inquiry

Health professionals in your community

1. Use the headspace weblink in the Resources tab to learn about the health professionals who work in headspace centres.

Locate your local headspace centre. Once you have located it, look for the heading ‘Services’. Use this link to research the health professionals who work in the centre or are linked to it and the services they provide. Write a summary of your findings.

CASE STUDY

An individual’s role in promoting their health

Tamara is 22 years old and working full time. She completed year 12 and then obtained a Certificate III in Financial Services through TAFE. This helped Tamara to find a job in the city at one of the large banks. Tamara still lives at home with her family, which includes her mother, father and younger sister. They are all very close and regularly eat dinner together at home. In the past Tamara had problems with anxiety, so she attended counselling sessions where she learned self-help skills such as meditation, journal writing and exercise, which she continues to use regularly. She trains at a local gym two afternoons a week and plays in lunchtime sporting competitions organised by her work once a week. Tamara also uses public transport to get to work each day, walking to and from the bus stop. She makes a salad each day to take for lunch, both to save money and to ensure that she is eating plenty of vegetables and grains. Tamara avoids drinking alcohol during the week and usually has only two or three glasses of wine when out to dinner with friends. She does not smoke or use illicit drugs, nor do any of her family or close friends.

Inquiry

An individual’s role in promoting their health

Read the case study about Tamara and answer the following questions.

1. Describe the role Tamara plays in looking after her own health.
2. Outline the factors in Tamara’s life that support her ability to make positive health choices.
Health professionals also have a role in working in partnership with the community to set health priorities to address areas of concern within the community. They are able to:

- **advocate** on behalf of particular groups for social intervention or increased funding to support improved health
- generate community support for health promotion strategies
- work collaboratively as part of community groups to implement actions that address identified local health concerns.

### 3.2.2 Community groups and schools

Schools play an important role in health promotion. Childhood and adolescence are stages of life when attitudes towards health and health behaviours are still forming, providing schools with an opportunity to have a positive impact on young people’s values and beliefs.

Schools are responsible for delivering health and physical education programs that assist young people to develop the knowledge and understandings needed to make positive health choices. They provide opportunities for young people to develop skills needed to participate confidently in physical activity and manage their own health, while also promoting the value of regular activity and good health. Development of these fundamental movement skills at a young age increases the likelihood that they will be lifelong participants in physical activity and helps form lifestyle habits that will benefit health, both now and in the future. Schools also equip students with skills to improve their health literacy by teaching them how to access and critically evaluate health information, products and services. This empowers people to take greater control of their health.

School policies and practices have the potential to reinforce classroom messages and further promote good health practices among young people. Examples include the following:

- **sun safety policies.** These aim to promote practices that reduce exposure to harmful UV rays by scheduling outdoor activities at times when UV radiation is lower, providing shaded outdoor areas, having ‘no hat, no play’ rules and supplying 15+ sunscreen to students when participating in outdoor activities.
- **the New South Wales Healthy School Canteen Strategy.** This strategy seeks to increase the availability of healthy food and drink options in school canteens so it is easy to choose foods that support the Australian Dietary Guidelines for Children and Adolescents.
• anti-bullying policies. These reaffirm students’ rights to feel safe and outline procedures for identifying, reporting and dealing with bullying behaviours.
• the provision of play equipment for students to use during lunchtimes. This encourages physical activity.

These policies and procedures aim to reduce the harms students may face, while also sending clear positive messages to encourage health-promoting behaviours.

Schools are also commonly used to conduct health promotion initiatives targeted at young people. These health promotion initiatives can be developed and implemented in a variety of ways. For example, they could be:
• developed and coordinated by external organisations such as the Heart Foundation’s Jump Rope for Heart or the National Association for Prevention of Child Abuse and Neglect’s Love Bites program
• formal partnerships between educational organisations and peak health bodies that design evidence-based strategies to address youth health issues. Examples include the national mental health initiative for secondary schools, MindMatters.
• initiated and managed by education departments; for example, the Premier’s Sporting Challenge
• coordinated by other government departments or government-funded bodies. Examples include NSW Health which is responsible for administering the NSW School Vaccination program and the Trauma Service Westmead Hospital which coordinates the bstreetsmart initiative.

Individual schools may choose to initiate projects to address identified local health issues, either on their own or in partnership with other government or non-government organisations. The Health Promoting Schools framework provides a model for schools and outside agencies to use when developing school-based initiatives. Developed in line with the principles of the World Health Organization, the framework highlights the importance of not only teaching students about health-related issues, but also making changes to the school’s policies, organisation and practices to promote better health. It also highlights the importance of partnerships between the school and parents, local health services and the community in general. Building these partnerships enables schools to:
• utilise available resources and expertise
• actively involve parents in decision making, and
• support parents and caregivers to make changes that will improve the health of children and young people.

CASE STUDY

University students embrace SALSA program

For the 12th consecutive year, the Students as LifeStyle Activists (SALSA) program is being rolled out in high schools across western Sydney. Volunteer university students take part in a SALSA workshop that equips them to train year 10 students to coach and motivate year 8 students, empowering them to make healthy lifestyle choices in a fun and informative way.

Western Sydney Local Health District Primary Health Care Education and Research Unit Associate Professor Smita Shah said at a time when western Sydney is experiencing a diabetes epidemic, the SALSA program’s ability to influence so many young people is crucial.

FIGURE 3.6 Participants in the Students as LifeStyle Activists (SALSA) program
‘Already this year, we’ve held three SALSA educator workshops, with more than 90 university students involved,’ she said.

‘We are excited to continue our strong association with the University of Sydney, Western Sydney University and welcome our new partners, the University of Notre Dame and the University of New South Wales.’

The trained university students will team up with one of 28 high schools in western Sydney who have enrolled in the program.

SALSA recruit and Parramatta resident Melissa Wehbe got involved in the program because she was interested in public health and the lessons were very clear and condensed.

‘I completed the training in April and have educated a group of year 10 students from Erskine Park High School,’ the 21-year-old said.

‘The year 10s will then teach the year 8 students about healthy nutrition.

‘We hope the year 8 students will take this information home and share it with their families.’

SALSA’s effectiveness is recognised outside western Sydney, with demand for the program spreading across greater Sydney, nationally and internationally.

‘Initiatives that change the attitudes, eating behaviours and exercise habits of secondary students are rare, but SALSA actually works,’ Smita said.

‘It is critical that collaborative action is taken to improve the lifestyle behaviours of young people.’


Inquiry

Collaborative partnership between schools and local health districts

Read the case study about the Students as LifeStyle Activists (SALSA) program and complete the following. You can also watch a video clip and read more about the program using the Students as LifeStyle Advocates weblink in the Resources tab.

1. Identify the health issues that led to the development of the SALSA program.
2. Outline how the SALSA program aims to promote better health behaviours and choices by young people.
3. Describe the roles and responsibilities of the following groups in delivering the SALSA program in schools:
   (a) Western Sydney Local Health District
   (b) university students
   (c) year 10 students.
4. Discuss the importance of school-based programs in the promotion of health, both now and in the future.

Application

Health promotion in your school

Work in small groups to identify two or three health promotion initiatives that have been implemented in your school.

1. For each initiative, identify:
   (a) the health issue/s it seeks to address
   (b) the people or groups who play a key role in the organisation and implementation of the initiative and describe their role/s and responsibilities.
2. Discuss your ideas as a class.

Community-based groups such as migrant support groups, neighbourhood groups or young mothers’ support groups can often play an important role in health promotion through their close relationship with particular population groups. They are often well placed to develop projects that meet community needs or adapt programs to take into account particular barriers that may otherwise limit their effectiveness. For example, a
migrant women’s support group seeking to promote increased levels of physical activity among females from non-English-speaking backgrounds may implement a program of physical activity that
• allows women to be active within their own cultural group
• overcomes language and transport barriers
• recognises cultural sensitivities relating to activity.

As with schools, community groups may also work in partnership with other organisations to support health promotion initiatives and tailor the initiatives to particular groups and/or local needs.

3.2.3 Non-government organisations

Non-government organisations (NGOs) are non-profit making organisations that operate at local, national, or international levels. They are funded from a variety of sources, including public donations, fundraising and government grants. While they may receive government funding, their work is not controlled or limited by government policy or legislation.

Non-government organisations generally focus on a specific issue or ailment. The Heart Foundation, the Cancer Council, Asthma Australia, Family Planning NSW and the Inspire Foundation are examples of NGOs that play a significant role in health promotion in Australia. Use the NGO weblinks in the Resources tab to find out more information about these examples of NGOs.

Non-government organisations undertake a number of roles in health promotion relating to their particular issue. These include:
• conducting activities designed to raise public awareness, such as the White Ribbon Australia’s White Ribbon Day to raise awareness of men’s violence against women
• providing educational programs and resources to develop skills and promote positive health choices and behaviours. For example, the Black Dog Institute has developed a range of school resources that aim to increase young people’s understanding of mental health, build resilience and improve mental health literacy.
• providing accurate and up-to-date information. For example, Family Planning NSW provides fact sheets, a confidential online and phone talkline and resources in various languages to ensure everybody has access to quality reproductive and sexual health information.
• funding and conducting research into prevention and treatment of a particular disease; for example, cardiovascular disease
• providing support services and counselling to people affected by the disease, their families and carers. The Cancer Council offers a range of help services including a telephone information and support service, online discussion sites such as blogs, forums and online support groups to connect with others affected by cancer, and peer support programs.
• advocacy. Many NGOs make submissions or representations to government on a range of issues related to their health concern in an effort to bring about changes to reduce the prevalence of the disease or improve standards of care. For example, the Cancer Council, Diabetes Australia and the Heart Foundation of Australia have jointly put forward a series of recommendations for governments,
schools and non-government organisations such as sport centres to reduce the sale and availability of sugary drinks in order to tackle obesity.

**Inquiry**

**Health promotion projects by NGOs**

Kids Helpline and Youthsafe are examples of NGOs. Use the Kids Helpline and Youthsafe weblinks in the Resources tab. Click on the ‘About’ tab on their webpages to research the health promotion work undertaken by both organisations. Use the information you find to complete the following.

1. Describe the role of each of these organisations in promoting better health for young people.
2. Outline some of the projects and initiatives that each organisation has instigated in an effort to improve the health of adolescents.

### Resources

- Weblink: NGO — Family Planning NSW
- Weblink: NGO — The Heart Foundation
- Weblink: NGO — Cancer Council Australia
- Weblink: NGO — Asthma Australia
- Weblink: NGO — The Inspire Foundation
- Weblink: Kids Helpline
- Weblink: Youthsafe

**3.2.4 Government**

All levels of government share a degree of responsibility for promoting better health within their community. The nature and scope of the health promotion initiatives they undertake vary considerably due to differences in priorities, allocated funding and resources available.

**Commonwealth Government**

The Commonwealth Government is responsible for:

- planning and forming national health policies and strategies
- identifying priority areas for action and coordinating health promotion campaigns to ensure national health priorities are addressed in an effective and efficient way
- giving direction to state health policy making and influencing its delivery
- allocating funding for health promotion, special projects and research to state and local government groups as well as NGOs
- introducing regulations and legislation to ensure the maintenance of health.

**Inquiry**

**The Commonwealth Government’s health promotion responsibilities**

Draw up a table like the one below. For each area of responsibility, brainstorm and fill in examples that demonstrate how the Commonwealth Government fulfils its health promotion responsibilities.

<table>
<thead>
<tr>
<th>Areas of responsibility</th>
<th>Examples</th>
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<tbody>
<tr>
<td>1. Formulating national health policies and strategies</td>
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<td>2. Coordinating national health campaigns</td>
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<tr>
<td>3. Directing state policies</td>
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<td>4. Allocating funding</td>
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<tr>
<td>5. Regulations/legislation</td>
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The Commonwealth Government is responsible for formulating and overseeing long-term programs and strategies that address Australia’s health priorities. These programs seek to reduce the risk factors for chronic diseases suffered by many Australians in order to improve the general well-being of the nation and lessen the burden of chronic poor health. Examples of these programs (use the weblinks to find out more) include:

- **Quitnow — National Tobacco Campaign**
- **National Drugs Campaign — National Drug Strategy 2017–2026**
- **Health Star Rating campaign**
- **Healthy Weight Guide**
- **Girls Make Your Move.**

National programs often involve a collaborative partnership between federal and state governments and can also be supported by industry and other organisations with an interest in promoting good health. Organisations such as the Cancer Council, the Heart Foundation and the Australian Medical Association are some of the groups that have collaborated on the National Tobacco Campaign. Research is used to inform the strategies developed and evaluation is undertaken to measure their effectiveness and determine changes in knowledge, behaviour and attitudes that may have taken place.

The Commonwealth Government is also responsible for allocating the funding and developing systems to ensure all Australians have access to affordable, high-quality health-care services that are convenient. A variety of strategies are needed to adequately cater for the health-care needs of Australians living in vastly different geographic locations and support them to improve their health and prevent illness.

**SNAPSHOT**

$100m funding boost for school mental health programs and headspace centres

By medical reporter Sophie Scott and Justine Kearney

Young Australians seeking help for depression and anxiety will get further assistance with an injection of more than $100 million into school mental health programs and a range of new headspace centres.

Health Minister Greg Hunt said the initiatives would help schools and communities to support the wellbeing and mental health of Australian kids and respond to personal and community challenges.

‘We know that around four million Australians experience a mental health condition every year,’ he said.

‘People of all ages can be affected, either directly themselves or because someone close to them might be suffering and even young children can be deeply affected.

‘Programs for beyondblue, headspace, Orygin and Kids Helpline and Reach Out and others are all about ensuring that we provide assistance before the problems emerge and when they do emerge there are avenues for treatment and avenues for people to seek emergency help.’

More than $45 million of the funding injection will go to beyondblue for its integrated school-based Mental Health in Education initiative.

It is a new national program to encourage good mental health and well-being practices for Australian children from early learning centres to the end of secondary school.

It will give school principals, parents and carers across the education spectrum access to a range of face-to-face or online mental health programs.

The aim of the mental health in education program is to give parents and educators the tools to recognise the signs of mental health challenges and deal with them before the symptoms become acute.

Teachers will be trained to identify early warning signs and where to access help.

The program is currently being developed and will be launched in August 2018.

**New early intervention centres**

More headspace centres will be set up across Australia, with a funding boost of $30 million.

These centres, developed by psychiatrist Professor Patrick McGorry, provide early intervention mental health services for people aged 12–25, as well as work and study support, and alcohol and drug services.

One in four young people have experienced a mental health issue in the past 12 months — a higher prevalence than all other age groups.

Kids Helpline, ReachOut, Suicide Callback Service and QLife will receive almost $2 million over two years for telephone, webchat and online mental health help.
‘The extension of funding announced for these key child and youth mental health initiatives will provide a stable funding base for the great work done by these organisations,’ Mr Hunt said.

Inquiry

The Commonwealth Government’s role in promoting better health

Read the snapshot ‘$100m funding boost for school mental health programs and headspace centres’ and complete the following.
1. Outline the programs and services set to receive additional funding from the Commonwealth Government and describe how they will support young people’s mental health.
2. Describe the roles and responsibilities of the following people and groups in promoting youth mental health:
   - individuals (young people, parents, individual teachers)
   - schools
   - non-government organisations such as beyondblue and ReachOut
   - the Commonwealth Government
3. Justify why the Commonwealth Government is best placed to lead and coordinate various mental health initiatives to support young Australians

Resources

- Weblink: Quitnow — National Tobacco Campaign
- Weblink: Health Star Rating campaign
- Weblink: Healthy Weight Guide
- Weblink: Girls Make Your Move

State government

State governments have the primary responsibility for planning and delivering specific health promotion and disease prevention programs. These programs may be funded by Commonwealth grants, jointly funded by the federal and state government, or funded solely by the state itself. Each state has a department of health that includes health promotion personnel who develop and run health promotion programs.

The New South Wales Department of Health (NSW Health) is divided into local health districts, along with two specialist networks that are each allocated funds to implement health promotion initiatives that support identified state and local needs. The diversity of communities that exists across New South Wales highlights the importance of giving these services the responsibility of developing programs that cater for the needs of the population group in their area.

Inquiry

Make Healthy Normal campaign

Use the Make Healthy Normal weblink in the Resources tab to explore the campaign launched by NSW Health and then complete the following activities.
1. Outline the purpose of the campaign.
2. Describe the resources and information available on the campaign website to help people lead a healthier lifestyle.
3. Explain how these resources and tools aim to help people exercise greater control over their own health.
4. Find the ‘healthy programs’ link to explore initiatives that form part of the government strategy to tackle overweight and obesity. After looking at several of these initiatives, describe the role played by state governments in health promotion.

States are also responsible for planning and forming health policies and legislation that aim to reduce health risks, decrease the incidence of major health problems and promote better health for all. State laws around smoking in public places and certain outdoor public areas (such as spectator areas at sports grounds), pool fencing laws, opening hours of licensed premises, drink driving, vehicle and passenger restrictions for P1 and P2 licence holders, and WorkCover requirements are examples of legislation introduced at state level aimed at promoting health and reducing injury.

**Local governments**

Local governments are given specific health roles for helping to implement state-controlled programs and monitor compliance with state legislation at a community level. For example, they ensure swimming pools are fenced and are responsible for carrying out inspections to ensure compliance with food handling, storage and preparation regulations by businesses selling food.

However, a recent trend has seen local councils participating in a broader range of health promotion programs. For example, they have been responsible for developing lifestyle events and programs using community infrastructure and facilities, such as creating community gardens and holding ‘come and try’ workshops in local parks and halls. Such programs seek to address local issues and strengthen community involvement in actions that target these issues.

It has become increasingly common for local councils to participate in activities as part of campaigns that are developed by other levels of government or organisations; for example, World No Tobacco Day or the Cancer Council’s Australia’s Biggest Morning Tea. Councils can also apply for grants to develop and run their own health strategies to promote healthier lifestyles. These strategies often see local people involved in determining the priorities for local action and may target particular groups in the community; for example, the elderly or cultural groups.

Local governments are responsible for undertaking long-term environmental planning. This means they play a significant role in promoting opportunities for people to be physically active within their communities and creating environments that support positive health behaviours. Zoning regulations and land use policies can ensure healthy urban design principles are incorporated into local plans. These principles include:

- provision of open public spaces such as parks and play areas
- introduction of measures to slow or ban traffic from areas with large numbers of pedestrian activity
• construction and maintenance of well-lit walking and cycling tracks
• installation of safe play equipment, shaded recreational space and outdoor fitness stations in local parks.

Local governments are also used as avenues for the dissemination of health promotion messages and information. Council libraries can be used to display promotional material and distribute brochures and leaflets related to health, while council staff and websites can inform residents of upcoming health promotion events and activities in the local area. Local public libraries are currently used to provide accessible drug information to communities throughout New South Wales. The drug info@your library initiative provides public libraries across the state with easy-to-read information about various drugs via web resources, regularly updated book collections and free pamphlets. Council may also provide venues for support groups to meet and education programs to be conducted.

3.2.5 International organisations

The World Health Organization (WHO) is one of the major international organisations responsible for health promotion. Established in 1948, WHO is a specialised agency of the United Nations (UN) that serves as the coordinating authority on international public health issues. Its membership consists of all UN member countries that accept WHO’s constitution and approved other countries.

WHO undertakes a number of key responsibilities in the global promotion of better health for the citizens of all countries. These include:
• providing leadership on health issues causing significant worldwide concern and establishing partnerships that will bring about the changes necessary to improve the health of all people, particularly those belonging to disadvantaged and vulnerable groups and populations. For example, in 2011 WHO was responsible for developing the Global Vaccine Action Plan in an effort to prevent millions of deaths by ensuring more equitable access to existing vaccines for people in all communities across the world.
• working collaboratively with governments, NGOs and other agencies to support countries to establish and implement appropriate health promotion strategies and programs in order to bring about the highest attainable standard of health for all people
• setting international health standards for elements that are essential for promoting good health; for example, to completely eliminate the practice of open defecation by 2025
• producing reports that can be used to measure improvements in worldwide health issues and identify areas for further health promotion; for example, global estimates of violence against women
• influencing research priorities and disseminating information produced by research to drive evidence-based change to health-related policies and practices
• provide frameworks for countries to follow to develop effective health promotion strategies, such as the Ottawa Charter.
Application
Responding to global health issues

Watch the video at the WHO: Guardian of health weblink in the Resources tab and then complete the following.

1. Describe the World Health Organization’s key roles and responsibilities in promoting health across the world.
2. The WHO been described as being ‘the guardian of health’. Discuss what this phrase means and why an international organisation is considered necessary to take on this role in addition to individual governments.

The philosophy, structures and principles that guide the WHO’s work have been instrumental in shifting the way that governments and organisations throughout the world approach health promotion. They have advocated for approaches that not only empower individuals and communities, but also recognise the underlying social, economic and environmental determinants of health. This has resulted in a greater understanding of the importance of actions directed towards changing social, environmental and economic conditions to alleviate their impact on public and individual health.

In 1986 the WHO was responsible for organising the First International Conference on Health Promotion. This conference saw the production and acceptance of the Ottawa Charter for Health Promotion — an action plan for all nations to implement in order to achieve health for all by 2000 (see Appendix 1, page xxx).

The basic principles of the Ottawa Charter continue to provide the framework that underpins health promotion strategies developed at all levels of government in Australia (this is discussed further in section 3.4). Subsequent conferences have reiterated and built upon the principles outlined in the Ottawa Charter, including the Helsinki Statement on Health in All Policies that was issued at the 8th Global Conference on Health Promotion coordinated by the WHO in 2013.

3.3 Health promotion approaches and strategies

Traditional approaches to health promotion have tended to focus on specific diseases, illnesses and injury prevention and have centred on medical intervention to cure or prevent ill health. Contemporary approaches to health promotion now recognise health as a social construct and acknowledge the significant role played by underlying social, environmental and economic determinants such as employment, income, level of education, geographic location and cultural beliefs in the level of health achieved by individuals or population groups. Research has shown that effective health promotion requires a range of approaches and strategies to address the many factors that determine the health of individuals and populations and to bring about long-term improvements. These approaches include:

- lifestyle and behavioural approaches
- preventative medical approaches
- public health approaches.

Furthermore it must involve the community at all levels, so that people feel engaged in decisions that aim to bring about change and empowered to improve their health.

3.3.1 Lifestyle and behavioural approaches
A lifestyle approach to health promotion is based on the premise that the major causes of morbidity and mortality within Australia are diseases resulting from poor lifestyle behaviour choices. It assumes that the provision of relevant information and skills will enable people to adopt a healthy lifestyle and thereby improve
their health. This approach is directed at improving risk factors related to individual behaviour, such as poor eating habits, physical inactivity, smoking, unsafe sexual activity and drug and alcohol abuse. A lifestyle approach to health promotion emphasises the role an individual plays in improving their own health status. Health promotion programs that use this approach target people at the individual or population level in an effort to change their behavioural choices. Health education programs, social marketing campaigns, the promotion of self-help or self-care practices and public policies are strategies that are commonly used under this approach to support healthy lifestyles.

Examples of health promotion programs that work within this model include:

- web-based help services such as ReachOut that seek to enhance young people’s health knowledge and skills to support and improve their mental health and well-being
- physical activity initiatives such as the Good Sports program targeting school-aged children that aim to increase levels of regular physical activity and reduce sedentary behaviour
- quit smoking campaigns and strategies that encourage people to stop smoking or persuade them to remain smoke free
- road safety campaigns that challenge people’s attitudes towards unsafe driving behaviours such as speeding.

**FIGURE 3.10** The inclusion of health warnings on cigarette packets are an example of a behavioural approach to health promotion.

**SNAPSHOT**

**Reality hits hard at bstreetsmart**

Below is what you will hear at bstreetsmart — an event that could go by the bland description of ‘road safety program’ but is so, so much more.

You’ll hear 26,000 kids goofing around with their mates, snapping selfies and talking through road safety ads playing on giant screens above them.

You’ll hear whoops of approval for NSW Premier Gladys Berejiklian and a kind of ambivalent applause for almost everyone else.

As the lights go down, you’ll hear squealing tyres, mashing metal and a loud bang.
And then you’ll hear 26 000 students stunned into silence as the lights come up to reveal a motorbike that has spun out from under its moaning driver, a deep gash in his leg; a crying girl, trapped and bloody in the front seat of a small silver car; a driver uninjured and in shock, asking panicked questions and willing everyone to be okay. And you’ll see one motionless body on the concrete, blood pooling gently around it. Her name, in this simulation, is Grace. She has been thrown through the windscreen of the car and killed.

There were 384 people killed on NSW Roads in 2016, up 34 from 2015. The number of P-plate drivers killed, and the number of fatalities involving P-plate drivers, also increased. Deaths in the 17–25 age group increased significantly.

P-platers make up eight per cent of all driver licence holders, yet their crashes account for 15 per cent of all fatalities on NSW roads.

bstreetsmart is aimed at bringing those numbers down by bringing year 11 and 12 students up close and personal with the confronting reality of an accident.

In this case, the young driver has been drinking — not heavily, but drinking nonetheless. Grace has taken off her seatbelt. She’s shown the driver a picture on her phone, distracting him from the road.

Her friend is now trapped and bleeding, pleading for help.

Over an hour or so, students see the grim reality of an accident: a P-plater first on the scene, police, ambulance and fire and rescue arriving one by one, some bracing the girl in the car into position to prevent further injuries, others helping the biker, others covering Grace’s body with a sheet that will soon be stained red with blood. They will hear the hydraulics behind the Jaws of Life as they cut through the side of the car.

And they’ll hear blame.

‘See that — that’s what you did,’ the actor playing the enraged P-plater yells at the driver, who still seems too shocked to take it all in.

This is not a 30-second television commercial. Students are seeing how long it takes to deal with a crash scene, the care it demands, the mess and blood and emotion.

Then we see what happens next.

The female passenger is taken to emergency, then to intensive care, and faces a long and difficult recovery. The driver is charged with dangerous driving causing death and two counts of dangerous driving causing injury. He has returned a mid-range alcohol reading, and is charged for that as well.

The court sentences him to three years in prison, and his licence is disqualified for five years.

His record means there are jobs he will never be able to do.

Grace’s heart has stopped beating so she can’t donate her organs. She can, however, donate tissue.

Her family will see their daughter one last time — when they identify her.

As Westmead’s Dr Ken Harrison says: ‘It’s all really sad. There are no winners.’ It’s something Tristan Kennedy knows all too well. He was riding his trail bike with his friend Dwayne when they were hit by a truck. He spent 14 months in the Westmead brain injury unit, learning to walk, eat and drink again. Dwayne was killed.

‘A silly decision may change lives forever,’ he said at the event. ‘Be safe, wear a helmet and don’t drive crazy. Don’t do this to your family or friends.’

Alyssa Hartup also suffered serious injuries in a car accident.

‘I lost a lot of friends,’ she told the kids at bstreetsmart. ‘You find out who your true friends are.

‘I want to prevent anything like this happening to you guys.

‘It’s okay to be late to a party — your life won’t fall apart.’

bstreetsmart was co-founded by Westmead trauma nurses Stephanie Wilson and Julie Seggie. More than 145 000 NSW high school students have gone through the potentially life-saving program since it began in 2005.


SNAPSHOT

Younger drivers: Digital learner driver log book apps

Learner drivers can now choose from one of three new apps to record their driving hours and submit log books. The apps provide learner and supervising drivers with similar features to the paper log book, including information on safe driving practices.
It is illegal for learner drivers to use any function of a mobile phone while driving. All of the apps let you ‘set and forget’ by starting the app while you’re safely parked out of the line of traffic, then put your phone away while you’re driving. The apps will record your drive in the background.

**Beating the odds**

Younger drivers face many challenges when learning the complex task of driving a vehicle. With their inexperience, they also face a higher risk of danger. Despite making up only about 15 per cent of all licence holders, younger drivers represent almost a quarter of annual road fatalities.

The Safer Drivers Course helps learner drivers identify risks on the roads. Speed management, hazard awareness and safe following distances are some of the strategies in the course’s theoretical and practical sessions, which earn learner drivers 20 hours of log-book credit.

**Licence conditions** explains the Graduated Licensing Scheme process, as well as some of the restrictions that apply to learner and P-plate drivers.

Our P1/P2 vehicle search lets provisional drivers find the types of cars that they are allowed to drive. The Restricted P1 Provisional licence pilot allows learner drivers in selected areas west of the Newell Highway to drive to work, education and medical related appointments.

Learners in these areas can apply for a Restricted P1 licence after they have finished 50 hours of on-road supervised driving (including at least 10 hours of night driving).

A zero alcohol limit applies to all learner and provisional licence drivers. L and P platers must not consume any alcohol before driving.


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**Inquiry**

Effectiveness of behavioural approaches aimed at young people

Read about two initiatives or interventions that have been developed and introduced to address concerns about the number of road crashes involving young people. You can use the two snapshots provided or the Blue Datto and Road Safety Education weblinks in the Resources tab to choose the strategies you will examine.

After reading about the initiatives, respond to the following:

1. Describe what is involved in the two initiatives you have examined and how each seeks to reduce the number of road crashes involving young drivers.
2. Assess the effectiveness of the two initiatives in changing the driving behaviour of young people. Be sure to support your arguments with examples.
3. Propose other strategies or actions that could be taken to promote safer driving by young people.

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**Resources**

- Weblink: Blue Datto
- Weblink: Road Safety Education

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**3.3.2 Preventative medical approaches**

*Preventative medical approaches* are based on a more traditional approach to health promotion. These approaches centre around medical personnel such as doctors, community nurses and other health professionals working with individuals or populations. These practitioners work to identify physiological risk factors within these individuals or groups such as high blood pressure, abnormal cell growth or lack of immunisation. Medication or medical interventions are then used to eliminate or treat these risk factors. A preventative medical approach focuses on both disease prevention and the treatment of illness and their symptoms to limit their potential impact on a person’s health.
Health-promoting strategies used as part of a preventative medical approach can occur at the primary, secondary and tertiary stages.

- Actions taken at a primary prevention stage aim to prevent an illness ever occurring. Childhood immunisation programs that vaccinate children against diseases such as polio, whooping cough, hepatitis B and human papillomavirus (HPV) are one example of a primary prevention strategy.
- Secondary level prevention programs try to reduce the likelihood that a disease will develop, particularly in people identified as being in high-risk groups. In incidences where a disease is detected these strategies also aim to slow its spread. Examples of secondary prevention strategies include monitoring blood pressure and cholesterol levels of those at risk of heart disease, free mammograms for women aged over 50, regular Pap smears for women who are sexually active and the prescription of antibiotics for someone diagnosed with a sexually transmitted infection.
- Tertiary prevention strategies seek to prevent chronic ill health occurring through the use of effective rehabilitation that stops a disease recurring once it has been diagnosed and treated. For example, an asthma management plan will be developed by a GP for a person diagnosed with asthma to assist them to manage the condition and a rehabilitation program will be devised for a person involved in a serious road accident to support their long-term recovery.

Inquiry
Preventative medical approaches to cervical cancer
Read the student poster on the National HPV Vaccination Program in figure 3.11 and complete the following.
1. Explain:
   (a) who the program is for and where it is administered
   (b) why it is an example of a preventative medical approach to health promotion.
2. Vaccinations do not prevent all forms of cervical cancer, meaning that cervical screening tests (Pap smears) are still needed by women when they turn 25. Argue whether immunising young people against HPV is an effective health promotion strategy. Give reasons to support your arguments.

3.3.3 Public health approaches
Public health approaches are a more recent trend in health promotion. They have been significantly influenced by the policies and philosophies of the World Health Organization. These approaches take a more holistic approach to health and recognise the role played by factors outside the control of the individual and the immediate health system.

Public health approaches go beyond a medical approach of achieving health through the cure and eradication of illness, to trying to foster better health within a broader social and economic context. These strategies seek to address the broad underlying social and environmental determinants that contribute to poor health (such as access to affordable and nutritious food; safe and secure housing; sufficient income; steady and meaningful employment; social isolation; access to transport; geographic location; levels of education) and create healthier environments that support people to make positive health choices. The approach therefore advocates for a broader range of people from various health and welfare related areas, such as social workers,
urban planners and educators, to be involved in developing and implementing health-promoting initiatives to create healthier environments.

A public health approach to health promotion also encourages individuals and communities to be actively involved in determining their health priorities and developing and implementing health promotion strategies that meet these needs. In this way it seeks to empower individuals and population groups to enable them to exercise control over their health and work collaboratively with health professionals to improve their level of health.

Examples of health promotion programs that use a public health approach include those in health-promoting schools and health-promoting workplaces.

**Health-promoting schools**

Schools that take a broad, coordinated, whole-of-school approach to the health and well-being of all members of their school community are considered to be health-promoting schools. Based on a research-based framework, health-promoting schools regard the health of their students and those in the school community as a high priority. They set out to positively influence the health of students by creating, promoting and supporting healthy practices and environments across the school setting. This involves implementing health-promoting strategies through three interrelated areas:

1. the curriculum
2. school organisation, ethos and environment
3. partnerships with families and the local community.

![Image of Health Promoting Schools framework](image-url)
The national mental health initiative for secondary schools, MindMatters, is an example of a program that uses a whole school approach based on the Health Promoting Schools framework. The program provides schools with:

- a range of professional learning and online resources to help teachers develop the knowledge and skills to recognise and support students to get help when needed
- opportunities for reflecting on student resilience, connectedness and empowerment, and exploring strategies and programs that are likely to increase engagement and support students’ sense of belonging
- material to review school practices in relation to issues affecting mental health and support changes to policies, structures, practices and curriculum to promote and protect mental health
- information on ways to identify, consult and involve parents, external agencies and other relevant community members in the promotion of mental health.

SNAPSHOT

What is Live Life Well @ School?

Live Life Well @ School is a collaborative initiative between NSW Ministry of Health, the NSW Department of Education, Catholic and independent school sectors. It is supported in NSW primary schools to promote healthy eating and physical activity to students. The program aims to:

- get more students, more active, more often
- focus on healthy eating habits.

Live Life Well @ School assists schools to:

- develop whole school strategies that support physical activity and healthy eating
- improve the teaching of nutrition and physical education through a focus on PDHPE programs
- foster community partnerships that promote and support whole-of-school strategies
- provide opportunities for more students to be more active, more often.

All NSW primary schools are eligible and encouraged to participate.

Local Health Districts provide ongoing support to Live Life Well @ School trained schools via site visits, phone calls and email follow ups. Local Health Districts:

- assist schools to develop an action plan
- support schools to develop a whole school approach to nutrition and physical activity
- assist in the development of community focused nutrition and physical activity strategies
- provide schools with information about upcoming community events that promote healthy eating and physical activity
- provide access to teaching resources.


Inquiry

Health-promoting schools

Read the snapshot on the Live Life Well @ School initiative and then complete the following. (You may also use the Live Life Well @ School weblink in the Resources tab to learn more about the program.)

1. Outline the purpose of the Live Life Well @ School initiative.
2. Describe how the Health Promoting Schools framework has been used in the design of the Live Life Well @ School initiative.

3. Using examples, explain why this initiative is an example of a public health approach to health promotion.

4. Research the activities that have been developed by schools as part of the Live Life Well @ School initiative. You can do this by searching the Live Life Well @ School website where you will find case studies describing activities implemented by individual schools. Draw your own diagram of the Health Promoting Schools framework. Using appropriate headings, write the various activities undertaken by your chosen schools as part of the Live Life Well @ School initiative.

5. Propose ways that high schools could promote increased physical activity and healthier eating habits among secondary students.

Health-promoting workplaces

Workplace health promotion strategies are defined as joint efforts undertaken by employers, employees and the wider community to improve the health and well-being of workers. A health-promoting workplace recognises that a healthy workforce can benefit both employers and employees by improving morale, reducing stress, decreasing staff turnover, reducing absenteeism and increasing productivity. Improvements in the health of workers may be achieved by making changes to the workplace and general working environment, encouraging workers to participate in activities that aim to enhance their health and well-being, and supporting personal development. The impact that non-work related factors in the general environment, such as family welfare, home and commuting conditions, may have on the health of workers is also recognised. Strategies such as flexible working conditions may be implemented in health-promoting workplaces to reduce the effect of these factors on the overall well-being of employees.

The programs developed by health-promoting workplaces are related to more than work health and safety measures. A variety of initiatives may be established for workers and management to voluntarily participate in to promote better health and well-being. These could include strategies such as fitness and physical activity programs, provision of workplace counselling, free vaccinations for hepatitis B or influenza, workplace massage sessions, health information seminars, establishment of healthy canteens in workplaces and on-site provision of weight loss or quit smoking programs. Decisions relating to the type of programs that are developed and how they are implemented should be negotiated between employees, management and unions, with the involvement of health professionals and services being sought when required.

SNAPSHOT

King & Wood Mallesons

This law firm employs over 1500 workers worldwide and decided to introduce a workplace health program to improve staff retention and engagement by offering its time-pressured lawyers comprehensive onsite workplace health activities such as health expos.

The challenge

The demanding workload placed upon lawyers led King & Wood Mallesons to implement a program with the motto ‘relax, revive and refresh.’ Mallesons’ Health & Wellbeing program was launched in 2001.

King & Wood Mallesons’ workplace health program aims to:

- provide staff with easy access to health services, information and screenings
- encourage staff to keep fit and to maximise their wellbeing
- improve staff retention and engagement.

‘Providing initiatives onsite is a great way for time-pressured lawyers to be tested for health issues that they would have otherwise had difficulty in finding time to attend to’ said King & Wood Mallesons’ Wellbeing Manager.
King & Wood Mallesons’ strategy for implementing their workplace health program

Raising awareness of health issues
The Health & Wellbeing team looks for innovative ways to increase awareness and participation in health-related activities. New activities are introduced regularly, and prizes are often offered as a way to encourage people to participate. Emails are a simple and cost-effective way to communicate and the intranet is an excellent way to provide easy access to useful information and links. The Wellbeing Manager at King & Wood Mallesons has found that a simple email is a good way to get key messages across, particularly to staff that do not take the time to attend events.

Seminars are popular and are held every second month on a range of topics. Lunch is provided to encourage staff to attend.

Health checks and screening
Health Expos are run in all Australian centres. Medical practitioners, alternative health therapists and nutritionists provide free consultations and testing in areas such as blood pressure, cholesterol, diabetes, bone density testing, iridology, reflexology, massage, posture, back care, osteopathy and podiatry.

Gym membership and onsite classes
King & Wood Mallesons encourages staff to be physically active and offers all staff free gym membership. This is particularly important in an environment where staff spend long periods sitting at their desks each day. Onsite yoga, Pilates, physio, massage, reflexology and weight management classes are also offered in some centres. King & Wood Mallesons believes the money spent on gym memberships is a good investment as it is highly valued by staff.

Benefits
Attendance and participation continues to increase, with attendance recorded and monitored at all events. Anecdotally, the program has translated to improved staff engagement and retention.

Resilience@Law
This program is a collaboration between Mallesons, Allens Arthur Robinson, Blake Dawson, Clayton Utz, Freehills and The College of Law. This initiative raises awareness and understanding of the impact of stress, depression and anxiety across the legal profession. The 2011 beyondblue annual report noted lawyers are more aware of mental health issues than they were as a group in 2009.

About us
King & Wood Mallesons is a law firm that operates in Australia, China, Japan, Hong Kong, the USA and the UK. They have around 1600 staff and partners in Australia.


Inquiry
Government initiatives to support health-promoting workplaces
Both the Commonwealth and NSW governments have introduced web-based initiatives to help employers create healthier workplaces: Healthy Workers Initiative (Commonwealth Government) and Get Healthy at Work (NSW government). Use the weblinks in the Resources tab to find out more about one of these initiatives and then complete the following.
1. Describe the information and resources provided on one initiative’s website to support the creation of a health-promoting workplace.
2. Identify the key health behaviours employers are encouraged to address through one of the initiatives. Do you think there are other health issues that employers should also help employees to address? Give reasons to support your ideas.
3. Explain the benefits of creating a healthier workplace.
4. Read the case study in the snapshot on King & Wood Mallesons to investigate the health-promoting strategies introduced at one workplace. Describe what the workplace has done to help improve the health of its employees and the benefits of these activities.
Application

Strategies to improve young people's health

Imagine that you and your classmates have been invited to attend a National Summit on Young People’s Health. The purpose is to develop a range of strategies to improve the health of young Australians.

1. Prepare for the summit as follows.
   (a) Identify the key health issues that young people currently face.
   (b) Divide the class into small groups of 3–4 people and allocate each group one of the health issues identified.

2. Each group is to complete the following activities for their allocated health issue:
   (a) Identify health-promoting strategies that have been used or are currently being implemented to address the issue by schools, governments, non-government organisations and/or community groups or organisations.
   (b) Determine which of these strategies should continue because of their effectiveness. Give reasons to justify the strategies you select to continue.
   (c) Propose other actions that could be implemented to bring about improvements in young people’s health.
   (d) Identify people or groups that would be involved in implementing or supporting these strategies and outline their roles.
   (e) Outline the intended outcomes of your proposed actions.

3. Conduct the summit as a class where every group shares their ideas and proposals.

4. At the conclusion, evaluate the different strategies that were suggested by all groups to address their allocated health issue.

5. Explain two actions that were suggested that you believe would result in significant improvements in young people’s health. Give reasons to justify your choice of these two actions.

3.4 The Ottawa Charter as an effective health promotion framework

In 1977, the World Health Organization (WHO) recognised that governments across the world should be working towards attaining a level of health for all citizens that would enable them to lead socially and economically productive lives by 2000. This became known as a global ‘Health For All’ strategy. To help achieve this goal, a document called the Ottawa Charter for Health Promotion was developed in 1986 in Ottawa, Canada, which outlined five areas of action to achieve health for all (see Appendix 1, pages XXXXX). The charter is significant because it gave direction to health promotion through clear definitions, action plans and positive involvement. It represented a fundamental shift in how health promotion and health in general was viewed. Agreement to the principles of the Ottawa Charter saw countries across the world recognise health as a positive pursuit and adopt the public health approach as a new way of approaching health promotion. A summary of the charter’s main points is given in figure 3.14.

Despite being developed in 1986 the five action areas of the Ottawa Charter are still regarded as essential to any effective health promotion worldwide. They are based on the understanding that health is socially determined and encourage health professionals and governments not only to educate people about health...
matters, but also to change the environments in which people live and to involve the community in projects to improve health.

The Ottawa Charter for Health Promotion identified the following prerequisites for health.

• The basic necessities for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity.

• Health is a positive concept emphasising social and personal resources, as well as physical capabilities.

• All people should be able to achieve their health potential through the provision of equal opportunities and resources.

• All sectors within the community are responsible for health promotion — health, social and economic sectors, governments, industry, local authorities, media and voluntary organisations.

In order to achieve these ideals, the Ottawa Charter recognised that there are five essential actions to improve health and create greater equality in health:

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

#### The Ottawa Charter

The Ottawa Charter has had considerable influence on the understandings of health promotion that have developed in Australia, the approaches that have been adopted and the people or organisations that have involved themselves in these approaches.

1. Draw up a table like the one below.

<table>
<thead>
<tr>
<th>The prevailing ideas/values about health promotion and health in general before the Ottawa Charter</th>
<th>The ideas and principles that underpinned the Ottawa Charter and reframed thinking about health promotion</th>
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2. Read through the following statements. For each one, identify the period of time when the statement represented the prevailing ideas about health and health promotion (that is, before the introduction of the Ottawa Charter and after it). Place each statement in the appropriate column in your table.

   (a) Is the responsibility of a range of people — various levels of governments, industry, media, non-government organisations
   (b) Is primarily about disease prevention
   (c) Requires a broad range of strategies to be used that reach well beyond health care
   (d) Improvements in health are the responsibility of individuals
   (e) Recognised the importance of active participation by people to affect their own health and the broader determinants that influenced it
   (f) Is the sole responsibility of the health-care sector
   (g) Seeks to promote health by empowering individuals and communities to take actions to prevent poor health
   (h) Is about individuals being told what to do by doctors and other health professionals
   (i) Involves a holistic approach
   (j) Health is a positive pursuit
   (k) Acknowledges that health is socially determined
   (l) Is the same as health education

3. Now use this information to write a paragraph describing the historical significance of the Ottawa Charter. You may want to start your paragraph with the sentences below:

   The Ottawa Charter represented a fundamental shift in how health promotion and health in general was viewed. Prior to the Ottawa Charter, health promotion was …

### 3.4.1 Developing personal skills

Personal and social development occurs through the provision of information, education for health and the enhancement of life skills. This improved knowledge helps to increase options in exercising control over our own health, our environments and in making choices that will promote health. Knowledge and skills (such as problem solving, planning, decision making, communicating and goal setting) can be developed in schools, workplaces, health services, via media campaigns, websites and online apps, and in other community settings. The knowledge and skills gained through these sources helps to enhance our health by making us feel more responsible, empowered and self-confident. We will then have a greater capacity to respond to changes and adjustments that occur in our lives.
Examples of actions that seek to develop personal skills include:
• mandatory Health and Physical Education curriculum from kindergarten to year 10
• media campaigns on the harmful consequences of drug use
• teaching people ways to prepare healthier meals
• providing online information about how to quit smoking
• educating girls and women about how to perform breast self-examinations.

3.4.2 Creating supportive environments
This action area focuses on the places where people live, work and play and on increasing people’s ability within these settings to make health-promoting choices. It is concerned with creating social and physical environments that allow healthy choices to be easy choices. It involves providing structures, systems and resources that remove or reduce threats to health and allow people to live and work in places that are safe and promote positive health behaviours.

All levels of governments, the media, communities, sports clubs, workplaces, health services, schools, unions and families are key groups who have a responsibility to create supportive environments. Examples of actions that help to create supportive environments include:
• sporting venues providing areas that are alcohol free
• manufacturing vehicles that run on unleaded E10 fuel
• creating 40 km/h zones around schools
• providing counsellors in schools
• establishing healthy canteens in schools
• local councils building recreational facilities such as cycleways and walking tracks
• Quitline support and information being made available in numerous languages.

3.4.3 Strengthening community actions
The focus of this area is the empowerment of communities to identify and implement actions to address their health concerns. This could include opening lines of communication so people within the community can express concerns, giving them representation on organisational committees, providing community groups
with planning tools and giving them information to access funding and expertise. If communities can work together to set health priorities, make decisions, plan strategies and implement them, they will have greater ownership and control of the health promotion processes. Groups within the community that may seek to develop initiatives to address particular local issues include schools, workplaces, local governments, community health centres, self-help groups, Indigenous elders and community leaders, and cultural support agencies.

Examples of programs and initiatives that aim to strengthen community action include:
- participation in the NSW Healthy Town Challenge
- local R U OK? Day events
- Live Life Well @ School programs
- Family Drug Support meetings
- Men’s Sheds
- local Driver Reviver stations
- projects developed and implemented by Aboriginal Medical Services.

3.4.4 Reorienting health services

The focus and delivery of health services has moved away from an emphasis on the more traditional aspects of health: diagnosis, treatment and rehabilitation. The reorientation of health services seeks to prevent ill health occurring, help people to attain the highest level of health possible and support overall well-being. It takes a more holistic approach that focuses on the whole person, rather than just the problem they may present with when seeking treatment. Reorienting health services requires a change in attitude and the organisation of health services, and stronger attention to research and professional training. To support a shift from the traditional approach to health care provided by health services such as GPs and hospitals, this action area has also involved broadening the places where health services can be provided. The use of schools and mobile health clinics, for example, to deliver vaccinations and health checks are two ways that health services have moved in a health promotion direction.

Examples of the reorientation of health services include:
- the Heart Foundation working with schools to implement the Jump Rope for Heart program
- provision of free mammograms for women aged 50–74 years by BreastScreen NSW
- providing health professionals with training and resources to support patients to quit smoking (for example, NSW Quitline Referral Form)
- increasing funding for research and health promotion
- NSW Health working in partnership with schools to deliver free school-based vaccination programs
- implementing the National Bowel Cancer Screening Program
- delivering Advanced Training in Suicide Prevention to GPs in order to increase their capacity to identify and support people in distress.

3.4.5 Building healthy public policy

This relates to ensuring that decisions made at all levels of government work towards health improvement. It goes beyond the health sector and involves more than providing hospitals and medical policies. It includes legislation, policies and strategies, taxation and organisational change in areas such as recreation, welfare, transport, education and housing. This coordinated action helps to make healthier choices the easier choices in our working and living environments.

Some examples of healthy public policy include:
- increasing the tax excise on cigarettes and other tobacco products twice a year
- legislation relating to unsafe driving behaviours such as driving under the influence of alcohol and using mobile phones when driving

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• laws requiring certain retail food outlets to display the kilojoule content of foods on their menus at the point of sale
• work health and safety regulations
• government policies related to sun safety in schools
• legislation requiring plain packaging of tobacco products.

Inquiry
Effective health promotion
Investigate and prepare a report on a successful health promotion initiative, either on a national scale or at your local community level. You may wish to use the weblinks provided in the Resources tab to investigate the Finish with the Right Stuff program or the 8700 kJ consumer education campaign, or research another health promotion of your choice. Use the following questions to structure your report.
1. Describe the aims of the health promotion initiative.
2. Explain:
   (a) how the five action areas of the Ottawa Charter have been addressed in this initiative
   (b) why this has contributed to its success.

The Ottawa Charter action areas are central to developing effective health promotion initiatives and programs that bring about positive health outcomes for individuals and the community. One example of how the Ottawa Charter has contributed to improvements in health outcomes is the reduction in road fatalities in Australia. Road-related deaths have fallen from 3800 in 1970 to less than 1200 in 2014 (Australia’s health 2016). Table 3.1 shows some of the recent road safety measures that have been implemented and how these measures support the five action areas of the Ottawa Charter.
<table>
<thead>
<tr>
<th>Action area of the Ottawa Charter</th>
<th>Examples of actions or strategies used</th>
</tr>
</thead>
</table>
| **Developing personal skills**   | - Media campaigns that seek to increase knowledge of the risks faced by drivers/motorcyclists and provide practical strategies to help manage risks (e.g. Ride to Live campaign, Don't trust your tired self campaign)  
- Availability of Safer Drivers Course to help L-plate drivers develop their driving and hazard perception skills in preparation for driving unsupervised  
- Increasing the amount of logged driving time for L drivers to 120 hours in order to increase their driving experience and improve their driving knowledge and skills before going for their licence  
- Road safety education in schools as part of PDHPE lessons  
- Providing instructional workshops for parents as supervisors of learner drivers to help them teach their children the skills and experience they need to be safe on the road  
- Government advertisements showing the consequences of unsafe driving behaviour (e.g. the Slow Down TV advertisement and Don't Rush radio and online TV advertisement) |
| **Creating supportive environments** | - Installation of speed bumps in high traffic areas  
- 40-kilometre speed limits around schools  
- Construction of cycle lanes and cycle ways that separate cyclists from traffic  
- Installation of fixed speed cameras in areas of high crash risk  
- Construction of pedestrian bridges across major roads  
- Improvements to road infrastructure such as building divided roads and installing safety barriers and rumble strips on highways  
- The Towards Zero campaign, which aims to build a culture of shared responsibility among road users to encourage safer choices when driving |
| **Strengthening community actions** | - Rest areas/Driver Reviver stations with free coffee/tea, set up and run by community based organisations to help combat fatigue  
- School P&Cs/local community groups lobbying for stop signs/speed bumps/pedestrian overpasses in local community  
- Local councils running free Helping Learner Drivers become Safer Drivers workshops for those who supervise learner drivers  
- The Community Road Safety Grants Program, which allows community groups across NSW the opportunity to develop and deliver local projects to increase road safety awareness and support safer road use |
| **Reorienting health services** | - Research undertaken at Crashlab, which is owned and funded by the NSW government to evaluate vehicle safety  
- bstreetsmart program for years 10–12 students organised and run by Trauma Service at Westmead Hospital |

(Continued)
TABLE 3.1 Using the Ottawa Charter to reduce the incidence of road-related injuries (Continued)

<table>
<thead>
<tr>
<th>Action area of the Ottawa Charter</th>
<th>Examples of actions or strategies used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building healthy public policy</td>
<td>• Development of the Road Safety Strategy 2012–2021 by the NSW government</td>
</tr>
<tr>
<td></td>
<td>• Enforcement of speed limits and increases in penalties for driving offences such as speeding and drink driving</td>
</tr>
<tr>
<td></td>
<td>• Restrictions on speed limits for learner and provisional licence holders</td>
</tr>
<tr>
<td></td>
<td>• Laws relating to blood alcohol concentration (BAC) limits, including zero BAC for all learners and provisional licence holders</td>
</tr>
<tr>
<td></td>
<td>• Laws restricting mobile phone use, including banning Learner, P1 and P2 licence holders from using a mobile phone at any time when driving or riding</td>
</tr>
<tr>
<td></td>
<td>• Laws restricting P1 drivers under 25 years from driving with more than one passenger between the hours of 11 pm and 5am</td>
</tr>
<tr>
<td></td>
<td>• School zone speed limits</td>
</tr>
<tr>
<td></td>
<td>• Double demerit points during holiday periods</td>
</tr>
<tr>
<td></td>
<td>• Fines for not wearing bicycle helmets</td>
</tr>
<tr>
<td></td>
<td>• Laws requiring cars to be at least one metre from cyclists when overtaking</td>
</tr>
</tbody>
</table>

Inquiry

The Ottawa Charter and road injuries

1. Review the actions and strategies listed in table 3.1 that have been implemented to reduce the number and severity of road injuries. Explain how the action areas of the Ottawa Charter and the various strategies within each area have contributed to positive health outcomes for the following groups:
   (a) young drivers
   (b) primary-school-aged children
   (c) cyclists.

2. Suggest other initiatives implemented in the last five years that have contributed to a reduction in road injuries. Identify which action area of the Ottawa Charter they fit within.

Another health issue that has been successfully addressed using the health promotion framework outlined by the Ottawa Charter is tobacco use. The implementation of a wide range of strategies and initiatives has contributed to a steady reduction in tobacco smoking in Australia, with rates of daily smoking falling from 24 per cent in 1991 to 13 per cent in 2013 (Australia’s health 2016). Australia’s first national campaign, the National Tobacco Campaign, was launched in 1997, and since then the Commonwealth Government has formulated successive National Tobacco Strategies (National Tobacco Strategy 2004–2009 and National Tobacco Strategy 2012–2018) to provide a policy framework for the Australian Government and state and territory governments to work together and in collaboration with non-government agencies to improve health outcomes by reducing the uptake of smoking, supporting smokers to quit and minimising the risk of smoking to non-smokers. Some of the tobacco control measures introduced in Australia during the past 26 years are shown in figure 3.17.

The continuing decline in the use of tobacco clearly demonstrates the effectiveness of health promotion based on the action areas of the Ottawa Charter.
Inquiry
Exploring the use of the action areas of the Ottawa Charter to reduce tobacco use

1. (a) Work in small groups to list strategies and initiatives that have been implemented to reduce the use of tobacco. The measures shown in figure 3.17 can be used to start your list. You may also want to use the Quitnow or iCanQuit weblinks in the Resources tab to look at current strategies to support people wanting to quit.

(b) Use the list of strategies and initiatives you produce to complete a table similar to table 3.1 to show how each of the five action areas of the Ottawa Charter has been addressed in order to achieve positive health outcomes by reducing tobacco use.

(c) Share your table with the class and compare which action area of the Ottawa Charter you have placed the different strategies into.

2. Explain how each of these strategies would help to reduce the use of tobacco and the harms caused by tobacco.

Resources

- Weblink: Quitnow
- Weblink: iCanQuit
3.5 Principles of social justice

The adoption of principles of *social justice* is fundamental to effective health promotion. These principles seek to ensure that individuals and groups identified as being the most disadvantaged (and therefore most likely to experience poor health) are provided with sufficient resources and support to empower them to improve their health. On occasions this can see significantly more resources being allocated to particular groups compared to the general population in an effort to narrow the gap that exists and improve the health of the whole population. Agreement with social justice principles requires a valuing of diversity, the provision of equal opportunities to maintain equity and the creation of supportive environments to promote better health.

3.5.1 Equity

*Equity* means taking action to achieve fairness. In health, this is done by allocating resources and entitlements, including power, fairly across the population. The needs of individuals and populations have to be carefully considered to ensure all individuals within society have access to the same opportunities for achieving optimal health. People experiencing extreme disadvantage such as those suffering poor health, living in poverty or in remote locations need to be allocated more resources if their health outcomes are to change. In other words, people who are disadvantaged may need to be treated differently to be treated equally.

FIGURE 3.18 The principles of social justice include the need to make health services equal for all groups in the population.

3.5.2 Diversity

Australia is an extremely diverse nation, not only in terms of our multicultural populations but also in terms of the varying social ‘markers’: for example, age, gender, sexuality, socioeconomic status, geographic location and levels of educational achievement. These social ‘markers’ require attention to make things fair and just, so that the inequalities and injustices in relation to health are questioned and challenged and inclusiveness is promoted.
In order to raise the levels of health currently experienced by the whole population and to narrow the gap between advantaged and disadvantaged groups in Australia, it is important that health promotion strategies recognise and acknowledge the diversity that exists within society. This assists to tailor strategies that better cater for the particular needs of different groups. For example, initiatives targeted at people living in rural locations need to be designed and delivered in different ways from those developed for urban residents. Providing people from particular groups with a voice in determining their own health needs and actively involving them in planning is one way of ensuring the appropriateness of programs.

Sensitivity to a person’s cultural background and beliefs is an important component of effective health promotion. Language barriers, misconceptions, lack of cultural awareness, perceived prejudices, feeling stigmatised, and unfamiliarity with health support services can all limit people’s ability or willingness to access information and support. The development of culturally appropriate resources, the provision of health promotion material in languages other than English and the involvement of health workers from specific cultural backgrounds in the planning and delivery of initiatives are examples of ways of demonstrating that diversity is valued.

3.5.3 Supportive environments

The social environment in which a person lives or works has a significant influence on that person’s level of health and their ability to be able to make changes to improve their health. Good health is achieved in environments that:

- have a regular supply of safe water and nutritious food and are relatively free of pollution
- have an adequate supply of basic necessities such as clothing, shelter and transport
- provide opportunities for recreation and variety in daily living
- provide people with an opportunity to live in safe, affordable and secure housing
- are relatively free of violence
- cause less stress
- are relatively free of factors that contribute to a sense of isolation and alienation, such as discrimination, stigmatisation and unemployment
- have low levels of poverty
- provide safe, meaningful and interesting work.

Strategies that aim to promote better health need to address the social, cultural, physical and economic factors present in people’s lives in order to create environments that are supportive of health. For example, a person who works a long distance from home in a sedentary job, with no public transport available to them and few exercise facilities in their local area may find it difficult to regularly participate in physical activity. The environment in which they live and work creates barriers that make it harder for them to choose to be active. Changes in work practices, a wider range of transport and employment options, and improved local facilities are needed to create an environment that is more supportive of their health.

SNAPSHOT
Health Minister opens Inala Centre of Excellence in Indigenous Health

Health Minister Lawrence Springborg has officially opened a new $7 million Centre of Excellence in Indigenous Health at Inala, ensuring better access to health services for the Aboriginal and Torres Strait Islander community.
The Southern Queensland Centre of Excellence for Aboriginal and Torres Strait Islander Primary Health Care, which is located in the Metro South Health region, is already improving Indigenous health outcomes.

‘This new facility enhances the capacity of the existing Inala Indigenous Health Service, dramatically increasing the range of health services provided to the Indigenous community,’ Mr Springborg said.

‘The original Inala Indigenous Health Service opened in 1995 with only 12 patients. It now currently services about 8000 patients who attend 20 000 doctor consultations each year — a remarkable achievement, and one the staff and local community can be proud of.

‘About 20 000 people identify as being of Aboriginal or Torres Strait Islander origin in the southern region of Brisbane and Logan, and research has proven that a culturally appropriate primary care service run by Indigenous staff improves Indigenous health outcomes.’

Mr Springborg confirmed the Department of Health would also fund stage two of the centre, which now provides onsite specialist services including cardiology (heart), endocrinology (diabetes, thyroid health), ophthalmology, hepatology (liver health) and paediatrics.

‘It also provides heart health support services such as diabetes education, dietetics, social work, psychology, as well as GP services. These are all supported by Indigenous Health Workers who support the clients in the clinic and in the community,’ he said.

‘An additional $10.5 million has been allocated by the Queensland Government for stage two of the project, which will, very importantly, co-locate research, as well as other disciplines such as dental services and allied health, on the same campus.

‘This extra funding enables the centre to become a research and teaching hub for the next generation of doctors, nurses, dentists and allied health professionals. It will also develop a research agenda focusing on Indigenous chronic disease, maternity and child health.’

Dr Richard Ashby, Chief Executive, Metro South Health said the new centre was being led by a nationally recognised leader in Indigenous health, Associate Professor Noel Hayman.

‘This centre is the vision of Professor Noel Hayman, who was Queensland’s first Indigenous doctor and who helped establish the original Inala Indigenous Health Service. He was also a national finalist for Australian of the Year in 2011 for his work in Indigenous health, and we are delighted to benefit from his leadership, experience and vision,’ Dr Ashby said.

‘The centre is currently staffed by ten GPs, 14 nurses, a psychologist, a range of visiting specialists and an allied health team including a social worker and dietitian.

‘This outstanding team of clinicians work together to provide culturally appropriate services in essential areas such as child health, chronic disease and immunisation — and will also provide specialist training for health science students in Indigenous health.

‘We expect the Centre of Excellence will have a significant impact on Indigenous health not only locally, but across Queensland through teaching, training and research.

‘This is another demonstration of the determination of Metro South Health to work with the Government to close the gap in Indigenous health.


Inquiry

Applying social justice principles to promote Indigenous health

Read the snapshot ‘Health Minister opens Inala Centre of Excellence in Indigenous Health’. You may also want to listen to a podcast about the centre to deepen your understanding by using the Brisbane Indigenous Health Service closing the gap weblink in the Resources tab.

Now complete the following activities with a partner.

1. Write the three principles of social justice as headings.
2. Identify where the principles of social justice are evident in the development of the Inala Centre of Excellence in Indigenous Health.
3. Share your ideas with another pair and discuss.
4. Explain why you think applying the principles of social justice has contributed to positive health outcomes and effective health promotion in this community.
In some cases government legislation or policies may be required to bring about changes to environments so they better support good health. Government legislation that bans smoking in restaurants, government buildings, pubs, clubs and transport services; laws around speeding in school zones; laws around pool fencing; policies around healthy school canteens; and work health and safety laws are all examples of government actions that assist in the creation of environments that promote improved health outcomes.

Incorporating principles of social justice in health promotion initiatives does not inevitably mean improvements in health will take place. The allocation of additional resources and support to particular individuals or groups does not necessarily result in equity in terms of health outcomes, nor does the design of supportive environments guarantee lifestyle changes. People may continue to engage in health risk behaviours that negatively affect their health. Following these principles does, however, provide all Australians with the opportunity to exercise greater control over their own level of health in order to bring about improvements.

**Inquiry**

**Applying social justice principles**

1. Use the Quitnow weblink in the Resources tab to explore the Quitnow website. This website, which is part of the National Tobacco Campaign, aims to provide information and support to assist people to quit smoking.
2. Identify strategies used as part of the campaign that demonstrate an application of the principles of social justice. Indicate the particular social justice principle addressed by each strategy you identify.
3. Research another health promotion initiative mentioned in this topic (for example, Make Healthy Normal or headspace). Identify strategies within these initiatives where social justice principles have been applied.
4. Report your findings to the class.

**3.6 Topic review**

**3.6.1 Summary**

- Health promotion is the process of enabling individuals to increase control over their health and improve their health.
- Health promotion aims to improve the social, economic, cultural, environmental and behavioural conditions that people live in to ensure they support health-promoting choices.
- Various individuals, groups and organisations, along with all levels of government, play a role in helping to promote good health.
- Individuals have some responsibility for promoting their own health by making positive healthy choices. Individually initiated behaviour change is more likely to occur when people feel empowered and supported.
- Health professionals can assist to empower people to make healthy choices by providing them with information and supporting them to develop skills that will benefit their health.
- Schools and community organisations are common settings for health promotion activities as they share a close relationship with the local community and can target local health priorities.
• Non-government organisations focus on a specific health problem. They promote health by increasing awareness, undertaking research, fund raising, providing support services and lobbying.
• All levels of government share a responsibility for promoting health improvements by providing the funding, strategic leadership, infrastructure and personnel needed to create supportive environments.
• The World Health Organization acts as a coordinating authority on global health issues.
• The philosophy, principles and structures of the World Health Organization guide government approaches to health promotion.
• There are three main approaches to health promotion: a lifestyle approach, a preventative medical approach and a public health approach.
• A lifestyle approach focuses on addressing lifestyle behaviours that contribute to disease and poor health.
• A preventative medical approach centres on using medical interventions and treatments to eliminate or reduce health risks.
• A public health approach is a more holistic approach that recognises the need to address the social and economic factors that influence people’s ability to control their own health.
• The public health approach involves a collaborative approach to health promotion whereby communities, government, health professionals and other agencies work together to improve health.
• The Ottawa Charter provides an effective framework for health promotion initiatives to be modelled upon.
• There are five action areas of the Ottawa Charter: developing personal skills; creating supportive environments; strengthening community action; reorienting health services; and building healthy public policy.
• Acceptance and application of social justice principles is essential for effective health promotion.

3.6.2 Questions
Revision
1. Using examples, outline what is involved in health promotion. (P5) (3 marks)
2. Describe the roles and responsibilities that the following people have in health promotion:
   (a) health professionals
   (b) non-government organisations
   (c) governments
   (d) World Health Organization. (P5) (5 marks)
3. Explain the roles played by the different levels of government in health promotion and discuss how their roles are interrelated. (P5) (4 marks)
4. Explain why a collaborative approach towards health promotion by individuals, communities, organisations and governments is highly effective in bringing about improvements in health. (P5) (4 marks)
5. Describe the three different approaches to health promotion. Provide examples of each approach that seek to address health issues affecting young people. (P6, P15) (5 marks)
6. Describe the role that the Ottawa Charter has played in changing the approaches taken to promoting better health in Australia. (P5, P15) (4 marks)
7. Identify the five action areas of the Ottawa Charter and explain how each contributes to the promotion of health. (P5) (5 marks)
8. Choose one area of concern in relation to young people’s health. Explain, using examples, how a supportive environment could contribute to more positive health outcomes for young people in relation to this issue. (P6, P15) (4 marks)
9. Describe a health-promoting strategy that addresses the issues of equity and diversity. (P6) (4 marks)
10. Explain why the application of the principles of social justice to health promotion initiatives is more likely to bring about improvements in people’s health. (P15) (5 marks)
Extension

1. Imagine you are the Federal Minister for Health. Propose a health promotion initiative you would implement to address a current health issue facing young people. Be sure to demonstrate how your health promotion initiative incorporates the five action areas of the Ottawa Charter and how you have applied the principles of social justice principles. (P6, P15) (10 marks)

2. Evaluate the effectiveness of the three approaches to health promotion in improving the health of young people. (P15, P16) (8 marks)

Note: For an explanation of the key words used in the revision questions above, see Appendix 2, page 400.

3.6.3 Key terms

advocate means to encourage support for a particular cause, issue or group. p. 112

diversity is variety, or difference, between individuals and groups of people. p. 140

empowerment for individuals means that they are aware of the choices they have, they can make decisions without relying on others or expecting others to make decisions for them, and they can act in various situations in daily life to protect themselves and promote their health. p. 110

equity is the allocation of resources according to the needs of individuals and populations, the goal being to achieve equality of outcomes. p. 139

health promotion involves activities that are aimed at enabling people to increase control over their health, to improve their health and prevent illness. p. 107

health-promoting schools are schools where all members of the school community work together to promote and protect the health of students through the curriculum, the creation of a safe and supportive school environment, and the establishment of partnerships with parents, health services and the wider community to support improvements in student health. p. 126

health-promoting workplaces are those where workplace policies, practices and activities are developed and implemented to improve the health and well-being of all workers. p. 128

lifestyle approach to health promotion aims to reduce or prevent the incidence of risk behaviours that contribute to poor health. p. 121

non-government organisations (NGOs) are organisations that focus on a specific disease or health issue. p. 145

Ottawa Charter for Health Promotion is a document (see Appendix 1, pages 396) that represents a global approach to health promotion by the World Health Organization. It aims to enable people to increase control over their health. It outlines prerequisites for health and essential actions for health promotion. p. 107

preventative medical approaches are those that use medical treatments or interventions to promote health. p. 124

public health approach to health promotion involves establishing programs, policies and services that create environments that support health. p. 125

reorientation means adjusting the direction or focus of a service to create a fresh approach. p. 134

social justice is a value that favours the reduction or elimination of inequity, the promotion of inclusiveness of diversity and the establishment of environments that are supportive of all people. p. 139
social marketing refers to the use of marketing techniques to improve health and well-being by changing attitudes and behaviour in relation to a particular product or issue. p. 122

World Health Organization is a specialised agency of the United Nations that acts as the coordinating authority on international public health issues. It provides leadership on global health issues, helps countries address public health concerns, monitors disease outbreaks, assesses the performance of health systems around the world and promotes health research. p. 120