WHAT ACTIONS ARE NEEDED TO ADDRESS AUSTRALIA’S HEALTH PRIORITIES?

- **health promotion based on the five action areas of the Ottawa Charter**
  - levels of responsibility for health promotion

Health promotion is all about prevention. If, at an early stage, preventive attitudes can be developed and exposure to risk factors can be controlled the chances of achieving positive health outcomes are significantly improved. This is difficult to put into practice and requires determined action by governments, communities, families and individuals to reduce risk and provide support and protection. There should be an emphasis on developing partnerships, combining the sectors and using a mixture of interventions.

The federal government is responsible for providing leadership and coordination. It is vital for top level of government to encourage the states and territories to work together to establish a strong health promotion **infrastructure**. At a federal level, government should interact with international agencies such as the World Health Organization and provide the public and the relevant health-promoting agencies with information and systems for achieving the best health outcomes for the population.

**ACTIVITY 1**

*figure 4.1*

An example of a private sector contribution: Cricket Australia and the McGrath foundation asked fans to wear pink to raise funds for breast care nurses.
State and territory governments are responsible for delivering the preventive health services that support health promotion, including prioritising health spending, establishing healthy public policy, meeting accountability and public health goals. They need to work cooperatively with different ministries, other levels of government and non-government agencies, as well as communicating closely with communities and the public about health promotion initiatives and programs.

The private sector has a responsibility to contribute to the overall wellbeing of the population. This can be in conflict with other responsibilities to make profits. The private sector should also work to protect the environment, providing goods, services and working conditions that contribute to achieving healthy outcomes.

Local communities have a responsibility to their citizens. With limited resources, they need to develop partnerships to provide safe environments and relevant health services to meet public demand. Identifying the specific needs of local groups and addressing the critical determinants of health in the community are the most important tasks in achieving positive health outcomes in the population.

Individuals must take responsibility for their own health. They can only make informed health decisions if they actively seek accurate health information. Individuals can contribute to the health of the community by supporting their families and friends and by actively participating in community activities that are designed to promote and protect the health of the wider population.

One of the future directions of NSW Health is to ‘make prevention everybody’s business’. As a part of this aim for the future health of the people, NSW Health lists in Table 4.1 the levels of responsibility throughout the community.

<table>
<thead>
<tr>
<th>Levels of responsibility</th>
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</thead>
<tbody>
<tr>
<td><strong>Individuals and families</strong></td>
</tr>
<tr>
<td>• With appropriate support, take greater responsibility for our own health</td>
</tr>
<tr>
<td>• Develop supportive, nurturing relationships which can help strengthen coping abilities</td>
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<tr>
<td><strong>Schools, community groups and non-government organisations</strong></td>
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<tr>
<td>• Develop individuals’ knowledge, skills, capacity and motivation to adopt and maintain a healthy lifestyle</td>
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<tr>
<td>• Provide affordable and accessible opportunities for people to improve their physical and mental health in health-promoting environments</td>
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<tr>
<td><strong>NSW public health system</strong></td>
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<tr>
<td>• Work with individuals, parents, communities, GPs, other health practitioners, childcare providers, schools, aged care facilities, other government and non-government agencies, the corporate sector and the media to implement evidence-based programs to reduce health risks, create healthy living environments and increase other health protective factors for people of all ages</td>
</tr>
<tr>
<td>• Make a particular effort to close the health gap by helping those most in need and at highest risk of poor health</td>
</tr>
<tr>
<td>• Emphasise early intervention as an effective means of preventing risk in the population, preventing disease or injury in those at risk, and preventing the progression of health conditions so as to minimise their impact</td>
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<tr>
<td><strong>Health practitioners</strong></td>
</tr>
<tr>
<td>• Assist and support individuals, carers and families to take control of their health as far as possible</td>
</tr>
<tr>
<td>• Regard every interaction with a health consumer and carer as a chance for prevention, early intervention and education</td>
</tr>
<tr>
<td><strong>NSW, Australian and local governments</strong></td>
</tr>
<tr>
<td>• Develop an investment strategy to increase the share of resources spent on prevention and protection initiatives</td>
</tr>
<tr>
<td>• Adopt a life course approach to the promotion of good health focusing on evidence-based measures which produce the greatest health gains, beginning with the prenatal period and infancy</td>
</tr>
<tr>
<td>• Focus on developing health-promoting public policies which address underlying determinants of health</td>
</tr>
<tr>
<td><strong>Industry and business</strong></td>
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<tr>
<td>• Develop products, services and marketing which encourage healthy choices and promote a culture of healthy living</td>
</tr>
<tr>
<td>• Pursue healthy workplace initiatives (which can also increase employee job satisfaction and business productivity)</td>
</tr>
<tr>
<td><strong>Media</strong></td>
</tr>
<tr>
<td>• Provide meaningful information on risks to health, reinforce messages about healthy behaviours, and be responsible in depicting unhealthy behaviours</td>
</tr>
</tbody>
</table>

**Source:** NSW Health ‘Fit for the Future’ NSW Health Towards 2025
Modern view of health acknowledges that health comes from interactions between a multitude of factors. As such, the most effective health solutions can be found when health promotion initiatives employ multi-strategy approaches to address targeted health problems. This is best achieved when partnerships are developed between different agencies and sectors.

‘Intersectoral collaboration’ is a term used to describe combined action taken between agencies from within the health sector and agencies from outside the health sector. It can occur between government agencies, non-government agencies or a combination of both.

Intersectoral collaboration also relies on the input of communities and individuals. When Australians are given the opportunity to participate in decisions and planning relating to their own health they have been shown to be more accepting and trusting of those decisions. Health promotion policies and strategies based on contributions from the people whom they are most likely to affect will benefit from increased community involvement in the health promoting process.

The NSW Government supports the notion that individuals should contribute to the health planning process. This is an important aspect of the collaborative process.

NSW Health produced a ‘Fit for the Future’ questionnaire to allow the people of New South Wales to have their say and contribute to the health planning process. Respondents were provided with opportunities to answer by phone, mail, online, fax or at a personal meeting.

View the questionnaire on pages 9–11 of:


Participation in health promotion activities at a community or individual level produces a resource called ‘social capital’. It can be described as a collective sense of achievement. Social capital is being built when neighbours are brought together, health professionals support community projects or local governments improve the quality of public spaces and environments. It is an essential component in building healthy communities and has been linked in recent research to improved population health outcomes.

Individuals and carers should ‘participate as much as possible in decisions about their health care’ and ‘provide constructive feedback about experiences of the health system’, and that the NSW public health system should ‘provide timely and reliable information to consumers and carers about available health services and treatment options, help them find their way through the health system, and respond to their feedback’.

SOURCE: ADAPTED FROM NSW HEALTH ‘FIT FOR THE FUTURE’, NSW HEALTH TOWARDS 2025

argue the benefits of health promotion based on:

– individuals, communities and governments working in partnership

The most successful health promotion campaigns in Australia provide us with outstanding examples of how individuals, communities and governments have worked in partnership to produce greatly improved health
outcomes for the population. Following are a few examples of successful partnerships and how they have worked to accomplish their achievements.

**BreastScreen Australia**

The BreastScreen Australia Program is a free screening program that aims to maximise the early detection of breast cancer. The program targets women aged 50–69 years as these are the years of higher risk from breast cancer and optimum benefit from screening. However, women of 40–49 years and over 70 years of age are also eligible to attend. The program operates in over 500 fixed, relocatable and mobile locations.

The state and territory governments have primary responsibility for the implementation of the program at their local level. The Australian Government provides overall coordination of policy formulation, national data collection, quality control, monitoring and evaluation, with the AIHW publishing an annual monitoring report.

Health departments and the Cancer Council in all states and territories advertise and promote ‘Breast screen’ services. General practitioners, as well as organisations and local community groups help promote the use of the service to women in the targeted group. In NSW, the Cancer Institute provides ongoing scientific research, while local governments provide sites and access. As a result of these collaborative programs, breast cancer mortality has declined from 62 deaths per 100 000 women aged 50–69 years in 1996, to 52 deaths per 100 000 in 2005.

**Cervical screening**

The National Cervical Screen Program (NCSP) provides free Pap smear tests for all women aged 18–70 years. In combination with free pap smear tests a program of immunisation for young women and school-aged girls against the human papilloma virus (HPV) has also been initiated.

The Australian Government is responsible for the National Immunisation Framework. The NCSP is jointly funded by federal and state governments and coordinated by the Cancer Institute. General practitioners play an important primary role by recommending regular Pap tests to their patients. This influences many patients in making the decision to have a regular Pap test. (Media agencies are also employed to design and deliver advertising campaigns to promote Pap testing.)

Gynaecologists advise and assist the program in the development of evidence-based strategies that will facilitate effective clinical management of women. All results from laboratories are reported to service providers and the pap test register according to guidelines established by the NHMRC.

Schools are involved as sites for education and the delivery of the HPV vaccine, while families, mothers in particular, support their daughters to use these preventative services as recommended.

Since the introduction of a national screening program in 1991, cancer of the cervix has dropped from the 8th to the 18th most common cancer among Australian women. The use of pap smear tests has reduced death rates from cervical cancer by 52% in the last decade. The introduction of the HPV vaccine will protect women from the strains of HPV that cause approximately 70% of all cervical cancer.

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**the five action areas of the Ottawa Charter**

Just as partnerships in health promotion improve health outcomes for the population, its effectiveness is enhanced when it is based on the five action areas of the Ottawa Charter. The following two statements from the Ottawa Charter give a better understanding about what the ‘action areas’ are designed to do.

When the five ‘action areas’ are incorporated in the design of a health promotion strategy they integrate quite naturally to produce a collaborative intersectoral approach that can address a wide range of health determinants and inequities on a variety of different levels.
The ‘action areas’ that are applied to address heart disease might include the following suite of responses in a multi-strategy approach:

- Reorienting health services (RHS)—This could include strategies for screening programs to identify risk factors such as obesity and hypertension; free checkups for people in higher risk categories such as males over 45 years old; and training for doctors to identify high-risk patients.

- Developing personal skills (DPS)—This could include strategies for courses in time management, yoga or other stress management techniques and PDHPE lessons that educate students about nutrition and exercise.

- Creating supportive environments (CSE)—This could include strategies for smoke-free zones, workplaces that reduce exposure to tobacco smoke and programs such as ‘Quit’ that provide social support to smokers who are trying to give up.

- Building healthy public policy (BHPP)—This could include strategies such as no GST applied to fresh fruit and vegetables or high taxes on tobacco and alcohol.

- Strengthening community action (SCA)—This could include strategies such as healthy canteens in schools, breakfast exercise groups in local communities or community obesity forums.

Many of Australia’s most successful health promotion campaigns have applied the Ottawa Charter action areas, influencing many of the determinants that contribute to the problem and putting pressure on influential people and agencies to take action.

The Immunise Australia Program coordinated the Measles Immunisation Program in the late 1990s. The summarised case study below demonstrates how the action areas were applied to produce a highly effective national health promotion program.

1. ‘Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being.’

The inference is that a view of health as everyone’s responsibility needs to be promoted. Action needs to be taken to recruit people from all sectors to contribute. Health is holistic and complex and the health of the population cannot be improved by the health sector alone.

2. ‘Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential.’

This statement implies that people are capable of maintaining their own health when given a fair share of resources and opportunities. Actions designed to enable people by identifying their needs and providing them with adequate resources will have the greatest impact on health status.
Health data showed that measles was responsible for 98 deaths in the 20 years prior to 1995. The disease was also responsible for many cases of brain damage. Effective vaccines had been used since 1968, but immunisation levels were too low to prevent periodic outbreaks. One such outbreak caused 9,431 cases of measles and two deaths in 1994. Studies of overseas patterns predicted another measles outbreak in 1998.

(CSE) The government had used systematic assessment of the environment to identify the health impact of the condition and the appropriate actions that could be taken.

In February 1997, the Minister for Health announced a "Seven Point Plan" to raise Australia’s childhood vaccination rates.

(RHS) The Minister had opened channels between the health sector and other sectors of the environment and the community to address the issue.

The original aim of preventing an outbreak of measles had evolved into a larger goal of eradicating measles entirely.

(SCA) ‘Immunise Australia’ who established the original goal, identified a more ambitious objective and had the capacity to provide incentives for self-help, so that the original plan was transformed into a universal policy resulting from stronger community participation.

A whole-of-government approach using seven different strategies was developed.

(This epitomises the multi-strategy approach to health promotion encouraged by the Ottawa Charter.

1. The first strategy was a series of television advertisements showing parents the distressing reality of whooping cough and urging them to have their children vaccinated.

(DPS) Presenting health messages and information to the public to encourage them to make choices conducive to good health.

2. Financial pressure was put on parents to have their children immunised, especially when they were in childcare or entering school.

(SCA) Thus empowering communities such as childcare centres and schools to pressure people to immunise their children.

3. Childcare Assistance and the Childcare Rebate were linked to children's immunisation records for the first time. Parents were only eligible if the child was fully immunised, or exempt.

4. A Maternity Immunisation Allowance was introduced in addition to the normal maternity allowance. This was paid after a child reached 18 months of age provided he or she was either fully immunised, or exempt.

(CSE) This is an example of taking care of each other by ensuring there is an incentive to protect those around us and to be recruited as a member of a caring community.

5. Doctors were offered payments for each child that they immunised.

(RHS) Creating a more preventive focus at a primary healthcare site.

6. State governments were enlisted to require parents to submit details of their children’s immunisation history, when they enrolled at school.

(CSE) Ensuring that schools are empowered to contribute to the health of the population rather than contribute to the sickness of the population.

7. A new national Australian Childhood Immunisation Register (ACIR) was set up to monitor immunisation levels in the States. They were rewarded when their immunisation levels rose.

(BHPP) This policy has become part of the health infrastructure of the nation, providing the means to overcome an obstacle to good health and to ensure that different sectors of the community are taking responsibility for health decisions.

In 1998 a new Measles Control Campaign began. All levels of government, including numerous ministries, collaborated with an aim to eliminating the disease altogether.

Source: Adapted from the speech ‘Health Promotion in Australia—an Overview’ made by Jane Halton, Secretary of the Department of Health and Ageing, and from a Speech ‘Australian Preventative Successes’ made by Professor John Horvath AO, Chief Medical Officer, at Health 2004, Luncheon Session, 27 April 2004.
Social justice has been described as a set of values concerned with reducing inequality by supporting the most disadvantaged people in society. Social justice principles include participation, equity, access, rights, supportive environments and acknowledging diversity. The Ottawa Charter addresses each of these values when it is used to design health promotion campaigns that support and protect people and groups who suffer disadvantage.

The ‘action areas’ relate in many ways to the principles of social justice and can clearly be applied to support these values.

**Developing personal skills (DPS)**

This will improve a person’s ability to access information and services and empower them to defend their rights. Individuals need to take responsibility for their own learning. This may entail formal or informal education. Parents can model healthy behaviours to help their children to develop health skills.

Individuals should maintain awareness of how they can conserve the environment and make it safe, including the home and the natural resources.

Communities should be conscious of local needs, supporting the development of skills such as advocacy, communication and planning by providing courses and opportunities to their residents.

State governments should take the most responsibility for developing personal skills. Departments of Education and health promotion campaigns are typically managed at this level. Deciding what information is essential and how it should be communicated is a major responsibility of government.

**Building healthy public policy (BHPP)**

This can acknowledge diversity and lead to the creation of supportive environments. Individuals may not feel involved in the development of policy, but involvement in the political process and being active in community events that support a health cause or promote population health can be influential.

Communities need to be politically active by engaging in health promotion action. Organising events and mobilising local agencies is a vital responsibility for community groups with an interest in population health.

Governments are responsible for producing and enacting policy. Of all the responsibilities involved, it is most important that governments listen to the public to ensure that the policies they develop meet public needs and expectations. Providing the opportunity to participate in policy development is essential. It is also important to enact policy in a way that it is financially and environmentally sustainable.

**Strengthening community action (SCA)**

This can raise awareness of people’s rights, promote equity and facilitate participation by community members.

Individuals can participate actively in local health promoting events and they can contact local representatives about health concerns. Communities are the focus of this action area, but really need the support of governments to develop partnerships that provide support and funding. Governments can support community action by seeking community input and then empowering communities with direction, funding and support to create their own health solutions.

**Creating supportive environments (CSE)**

This increases access, encourages participation and can improve living conditions. Individuals can act responsibly to protect and enhance the quality of their homes, workplaces and natural environments. Most behaviour that supports the environment is only effective due to the cumulative actions of many individuals.
Communities are the focus of healthy living. Leisure, work and neighbourhood settings should be safe, stimulating and enjoyable. Local communities, with the support of governments, are the primary guardians of such health promoting environments.

Governments can support the creation of supportive environments by enacting policy that empowers and resources the individuals and communities involved. Governments that initiate partnerships with local communities are most effective.

**Reorienting health services (RHS)**

This improves access to health services and promotes equity by supporting the disadvantaged. In this area of action there is a range of responsibilities at different levels.

Individuals need to take responsibility for knowing what services are available and developing the skills necessary to be able to access those services.

Communities have a range of responsibilities. These include supporting local service providers and finding ways to attract people and services that best meet their needs. Sometimes incentives and flexibility are required, especially in remote or disadvantaged communities. Local businesses can benefit their communities by accommodating or encouraging other related services. For example, a local health service might be able to offer rental assistance for a pharmacist to move in.

Governments take responsibility for regulation, but must ensure that sufficient surveillance and evidence are available so that decisions about health services can be well informed and justifiable. The supply of health professionals, licensing of new services and distribution of resources should be based on clear evidence.
**CASE STUDY**

NSW Refugee Health Service

**DEMONSTRATING SOCIAL JUSTICE THROUGH THE OTTAWA CHARTER**

In health promotion, social justice is applied to improve and support the health of people in the community who suffer disadvantage. Refugees are among the most disadvantaged in society, experiencing many inequities that drastically limit their opportunities and restrict their access to health services. The NSW Refugee Health Service (RHS) delivers a wide range of services and manages a number of projects that show how the ‘action areas’ of the Ottawa Charter can be used to apply the principles of social justice.

**DEVELOPING PERSONAL SKILLS**

On arrival in Australia, refugees are introduced to new foods and preparation methods and do not necessarily have the knowledge to make healthy choices about what to feed themselves and their families. The RHS Nutrition Project implements a number of complementary initiatives, including use and dissemination of pamphlets titled ‘Healthy Living and Eating in Australia’, to selected refugee communities; also distribution of a resource titled ‘Food for a New Beginning’ to adult English language courses targeting refugees. RHS also conducts education sessions on healthy eating in a range of languages using trained community leaders, so they can provide the sessions in their own languages.

These and other projects provide education and improve the skills of refugees, acknowledging the diversity of their lifestyles and creating supportive environments that empower them to improve their health and that of their families and communities.

**BUILDING HEALTHY PUBLIC POLICY**

The NSW RHS aims to protect and promote the health of refugees and people of similar refugee-like backgrounds living in New South Wales. The RHS works within NSW to develop and advocate for public policies that better meet the health needs of the refugee community.

These actions put refugee health on the agenda of policy makers, ensuring that a disadvantaged group within the community has a voice and a path to equity. This acknowledges diversity and prioritises the needs of a minority group within the population.

**STRENGTHENING COMMUNITY ACTION**

The Forum on the Health and Settlement Needs of Older Refugees was one of several initiatives which NSW RHS initiated. The forum aimed to develop a plan of action across agencies to promote the health of older refugees by raising awareness of refugee ageing issues, influencing aged care policy, and creating a bridge between refugee-focused services and aged care agencies.

A community forum provides the opportunity for representatives of refugee communities to participate in decisions made about their health. Equity of access to aged services for older refugees has also been enhanced by this forum.

**CREATING SUPPORTIVE ENVIRONMENTS**

The RHS works with government and non-government agencies, including the Refugee Council of Australia, to identify the settlement needs of newly arrived refugees. This work often requires partnerships with non-health agencies.
Case Study continued

**NSW Refugee Health Service**

Support provided to newly arrived families in the form of housing improves equity for refugees and helps to provide supportive environments. The work done with other agencies recognises the right of refugees to have safe and healthy living conditions.

The NSW Refugee Health Improvement Network (RHIN) was established by the NSW RHS as a forum for health bodies and non-government organisations to discuss refugee health issues and identify multi-sectoral strategies to improve the health of refugees in New South Wales. Its key activities include working with government and non-government organisations to ensure the most appropriate services for refugees, monitoring service provision, networking and sharing information.

The establishment of the RHIN ensures strong links between different sectors to improve the access of refugees to appropriate health services. This initiative leads to networks of support, creating supportive environments for refugees.

**REORIENTING HEALTH SERVICES**

The RHS runs specially designed clinics in western and south western Sydney to provide recently arrived refugees initial contact with the healthcare system. A general practitioner (GP) with special interest in refugee health, a nurse and a trained interpreter, undertake the consultation and health assessment. Many recently arrived refugees do not yet have a doctor.

The clinics provide newly arrived refugees with the critical first contact, reaching out to ensure equity of access to other vital health services. The right to healthcare is treated as a basic human right.

The Refugee Health in General Practice project supports general practitioners working with refugees by providing them with the right knowledge and skills to work effectively with this special group of patients. Comprehensive training programs for doctors, nurses and other health professionals are designed in collaboration with specialist services such as the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Transcultural Mental Health Centre, Australian Red Cross (Asylum Seekers Assistance Scheme), NSW Education program on Female Genital Mutilation (FGM) and various local health services.

Comprehensive training ensures that health professionals are able to provide the most supportive environment for such a disadvantaged group. Relevant and purposeful training is based on cultural diversity and the specific health requirements of refugees.

Each of the projects run by the NSW RHS provides us with practical evidence of how social justice can be achieved. By supporting disadvantaged people, such as refugees, in the community they are able to attain optimal health.

Source: Adapted from NSW Refugee Health Service Materials

[www.refugeehealth.org.au](http://www.refugeehealth.org.au)

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**Activity 7**

- critically analyse the importance of the five action areas of the Ottawa Charter through a study of TWO health promotion initiatives related to Australia’s health priorities

The Ottawa Charter was presented by the World Health Organization in 1986 in response to growing expectations for a new global approach to public health. Despite its age, it remains the most recognised and accepted set of guidelines for designing effective health promotion campaigns and strategies.

The following two case studies are both successful health promotion initiatives with a national focus. Each one uses a modern, intersectoral and whole of government approach to prevention. The application of the ‘action areas’ is clearly evident in each one.
beyondblue: the national depression initiative

Support initiatives designed for sufferers and carers across a range of different domains include the ‘blueVoices’ national reference group and ambassador programs, the Mental Health insurance discrimination project, an information kit for carers and the ‘Partners in Depression’ project are designed to provide support for sufferers and carers across a range of different domains.

3. PREVENTION AND EARLY INTERVENTION

To develop and implement depression prevention and early intervention programs.

Some projects that provide different groups with the skills, knowledge and support to effectively manage people with depression and related conditions are: a national workplace program, primary and secondary schools initiatives, the ‘Stay on Track’ project, ‘KidsMatter’, guidelines for perinatal clinical practice and ‘Coach the Coach’. These are some examples of projects that provide different groups with the skills, knowledge and support to effectively manage people with depression and related conditions.

4. PRIMARY CARE

To improve training and support for GPs and other health care professionals around depression.

Research, training, support and guidelines for practising doctors have all been developed to improve the preparedness of health professionals to care for people with depression including youth and indigenous patients.

5. TARGETED RESEARCH

To initiate and support depression-related research.

beyondblue is a partner with numerous universities, hospitals, governments and non-government agencies in research projects working to improve our understanding of depression and its effects on people in the community. Studies investigating the links between depression and chronic diseases such as cardiovascular disease, diabetes and dementia, several projects studying depression and ageing, PhD scholarships and the ‘45 and Up’ study are all contributing to an expanded body of knowledge about depression.

SOURCE: ADAPTED FROM MATERIALS FROM BEYONDBLUE (WWW.BEYONDBLUE.ORG.AU)
beyondblue: critical analysis

DEVELOPING PERSONAL SKILLS
beyondblue runs successful programs such as ‘Aspire, Achieve, Affect’ in schools using AFL players as role models to help ‘at risk’ students develop a sense of connectedness with peers and community. Education supports students to modify their own antisocial behaviours and to develop skills for communicating and engaging. ‘Coach the Coach’ works similarly in sports clubs and teams, while ‘beyond maturity blues’ supports older Australians to access information and develop social networks to reduce isolation and enhance a sense of belonging amongst the elderly.

An online training course for psychiatrists is designed to improve knowledge about depression in Indigenous patients. The use of appropriate settings like schools, sports clubs and aged training networks like COTA has proved effective for reaching targeted groups.

BUILDING HEALTHY PUBLIC POLICY
beyondblue is a prodigious advocate for reform and policy development in the area of mental health. It works politically, making submissions to senate committees, government health departments, the Human Rights and Equal Opportunity Commission and other agencies which influence or produce policy.

The Mental Health and Insurance discrimination project was initiated to address alleged discriminatory practices against consumers when dealing with insurance companies. beyondblue has collaborated with insurance peak bodies to improve the experiences for consumers when dealing with insurance companies and assessors. The changes have been significant and are ongoing. The ‘blueVoices’ reference group has been a vehicle for stakeholders to speak out and for submissions to public policymakers.

CREATING SUPPORTIVE ENVIRONMENTS
This is an area of great strength for beyondblue. Its info line and in-school initiatives help people to identify personal support networks. The workplace prevention programs target sociocultural and political factors that exacerbate depression. These programs increase awareness amongst managers and employers, resulting in improved social and legal support for people affected or at risk from depression.

ADVOCATING, ENABLING AND MEDIATING
As a health-promoting agency, beyondblue epitomises the application of the Ottawa Charter. There is evidence that its advocacy has lead to increased public awareness of depression. This fact is reinforced by the long list of submissions made to government about policy.

Many of the beyondblue programs offer training, information and increased capacity that enable stakeholders to have a positive influence on the effects of depression and mental illness in the community.

beyondblue’s use of mediation is evident in its long list of partners. Government agencies at different levels, community groups, health and non-health non-government organisations, schools, charitable organisations and media organisations make up just a part of the list. The extent of these partnerships represents engagement in a collaborative intersectoral approach to health promotion.

STRENGTHENING COMMUNITY ACTION
The ‘Don’t beat about the bush’ campaign provides community and workplace training in partnership with groups such as Centrelink, CWA, Salvation Army, Rotary, the National Farmers Federation and others who work directly in rural communities. Improving capacity for these groups empowers communities to take action in the battle against depression and its effects.

REORIENTING HEALTH SERVICES
beyondblue provides funding for two PhD scholarships in depression, with the ultimate goal of increasing health system capacity to address the problem of depression. The National Perinatal Mental Health Program has advocated for routine assessment of women for depression during pregnancy, thus providing automatic access to this service. Through the Australian General Practice Network, beyondblue has initiated expanded promotion of mental health services to youth, increasing the ability of consumers to identify the services that are available.
The National Tobacco Strategy 2004–2009

Every cigarette is doing you damage

SUMMARY
The National Tobacco Strategy is a five-year action plan endorsed by the Ministerial Council on Drug Strategy; it follows on from a previous five-year program of preventative actions.

RATIONALE
For every Australian who dies in a motor vehicle accident more than ten die prematurely due to tobacco. Each year more than 4000 Australians aged between 35–64 years die due to smoking. More than 19000 Australians will die over the next year from illnesses caused by tobacco. Tobacco use, more than any other single factor, contributes to the gap in healthy life expectancy between those most advantaged and those most in need.

GOAL
To significantly improve health and reduce the social costs caused by, and the inequity exacerbated by, tobacco in all its forms.

Targeted group: smokers 18–40 years old

APPROACH
A national collaborative evidence-based approach to tobacco control, using social marketing and regulation, which builds on existing programs; uses partnerships across government, non-government and community groups and is funded by federal, state and territory governments.

STRATEGIES

1. Regulation of tobacco marketing
   - Regulation of promotion aims to eliminate advertising and other marketing forms that portray tobacco use in any positive way. This includes restricting point of sale, brand placement and other increasingly sophisticated forms of media advertising that expose young people in particular to sexy or attractive images of tobacco use.
   - Regulation of place of sale aims to eliminate sale of tobacco products to minors and to make these products less visible and available.
   - Regulation of tobacco tax is designed to make tobacco less affordable to discourage consumption.
   - Regulation of place of use is designed to eliminate exposure to tobacco smoke in workplaces, indoor environments and public places.
   - Regulation of packaging is intended to provide consumers with the necessary information to make informed judgments about the harm associated with tobacco use.
   - Regulation of products is a strategy designed to manage the toxicity of tobacco and the extent to which cigarettes stay alight.

2. Promotion of ‘Quit’ and smoke-free messages
   The intention is to send a message that personalises the risks associated with smoking and increases people’s urgency about quitting and their awareness of products and therapies that can help.

3. Cessation services and treatment of tobacco dependence
   The main aspect of this strategy is to use general practitioners and other health professionals to identify and advise smokers to quit and to put them in contact with appropriate support services and pharmaceutical products. Quit services can be accessed via phone, internet, fax, printed materials and face-to-face counselling.

4. Community support and education
   Education and community information programs are intended to help children to develop negative attitudes to smoking, teach children how to refuse peer offers to smoke, get parents to quit while their children are young and prevent children from failing academically and becoming alienated from school.

5. Addressing social, economic and cultural determinants of health
   Support will be provided for programs that strengthen community and cultural resources. Emerging research indicates that taking action to improve educational outcomes, to reduce conflict within families and communities, to enhance cultural identity and to address mental health problems is likely to reduce overall risk-taking behaviours, including tobacco use, within targeted populations. This is particularly so within Australia’s Indigenous population.

6. Tailoring initiatives for disadvantaged groups
   This strategy encourages service providers to specifically target those groups who suffer the greatest disadvantage and who experience the most harm as a result of tobacco use. Low levels of self-esteem, a sense of prejudice, prolonged periods of inactivity or grief or loss are likely to lead to higher rates of smoking tobacco. The most disadvantaged groups include Indigenous Australians, people suffering severe and disabling mental illness, people who are institutionalised, parents and carers and their children who live in disadvantaged areas and immigrants who left their countries at a time when the dangers of smoking were not well understood. Community programs, support services and educational messages can be tailored to address these specific groups.

7. Research, evaluation and monitoring and surveillance
   It is important to run efficient and cost-effective programs. Research into children’s knowledge about smoking, evaluation of Quit programs and data about smoking attitudes and intentions, the National Drug Strategy Household Survey and surveillance of data on diseases attributable to smoking all provide the evidence necessary to ensure this.

8. Workplace development
   The Australian National Training Authority has endorsed several smoking cessation courses. These can be accessed by anyone studying any Vocational Education and Training Accreditation Board (VETAB) course, such as Occupational Health & Safety, social work, drugs and alcohol work, beauty therapy, etc.

SOURCE: ADAPTED FROM NATIONAL TOBACCO STRATEGY 2004–2009 AND NATIONAL TOBACCO CAMPAIGN MATERIALS
The National Tobacco Strategy: critical analysis

**DEVELOPING PERSONAL SKILLS**
By regulating packaging, the National Tobacco Strategy provides images and information to assist smokers in making the decision to quit. Facts about the harm associated with tobacco and contact information for Quit programs provide access to information and support.

Furthermore, school education programs that focus on assertiveness skills, academic success and developing negative attitudes to smoking all help young people to modify their personal behaviours and to enhance skills that will be protective against smoking and other risk-taking behaviours. Training of general practitioners to promote cessation services also supports the development of personal skills and access to appropriate services.

**CREATING SUPPORTIVE ENVIRONMENTS**
The promotion of smoke-free messages and regulation of place of use creates a variety of physical and social support structures accessible to individuals. Frightening media campaigns like ‘Every cigarette is doing you damage’ have maintained a powerful anti-smoking attitude in the community. When this is combined with advertising of pharmaceutical products, such as nicotine patches, the urgency to quit is complemented by a sense of having a solution being readily available. Most indoor and public places are smoke-free, providing safe physical environments for people to work and interact socially.

Non-health initiatives like housing, counselling, anti-violence strategies, and rental support reduce the stress and anxiety that might lead to tobacco use. Employment and training programs that get people back to work can also reduce the boredom and inactivity associated with unemployment. These initiatives and others like them address the sociocultural and socioeconomic determinants that influence tobacco use.

**STRENGTHENING COMMUNITY ACTION**
The regulatory approach taken by the National Tobacco Strategy empowers communities with the legislative support to take preventive action against tobacco use. Families and parents are provided with safe places for their children to avoid tobacco smoke. The policy of tailoring initiatives for disadvantaged groups encourages carers, health workers and community members to send strong anti-smoking messages and to act in the best interests of the community with regard to tobacco use. Local educational strategies like peer support and mentoring programs improve self-esteem and sense of worth amongst students, which can be protective factors against harm from tobacco use.

**REORIENTING HEALTH SERVICES**
The inclusion of smoking cessation modules in VETAB courses has increased access to the knowledge and skills required for quitting nationally. It is an example of bringing a health service into the mainstream of public education.

‘Lifescrpts’ prescription pads are tools used by general practitioners to initiate discussions with patients about lifestyle behaviours such as smoking. They help doctors to introduce preventive messages and recommendations for improving lifestyle behaviours.

One major part of this strategy is to promote and make cessation services highly visible and readily available. Smokers go in and out of periods of ‘readiness to try quitting’ so it is vital that quit programs are always accessible to them.

The National Tobacco Strategy is highly successful because it is based on evidence and is constantly evaluated. To be effective and financially sustainable, it is important that research into all aspects of tobacco use and its effects is ongoing. Partnerships with the Cancer Institute, the National Drug Strategy Household Survey and other research agencies ensure ongoing success.

**BUILDING HEALTHY PUBLIC POLICY**
The National Tobacco Strategy continues to influence policy through its regulatory approach. High levels of taxation on tobacco ensure that cigarettes are less affordable, reducing access for young people in particular.

Promotion of smoke-free messages and especially the imposition of laws that prevent smoking in most public and indoor environments form much of the strength of public policy. Regulation of marketing, sales, promotion and packaging also underpin public policy relating to tobacco use in Australia.

The place of drug education in all Australian schools is an important cornerstone of public policy. Most people who smoke have started as teenagers, becoming addicted long before they were old enough to make an informed and mature choice. The delivery of anti-smoking messages and development of anti-smoking attitudes as young as possible is critical to the success of this strategy. Strong public policy has contributed to consistent trends towards not smoking in the Australian population in recent decades.

**ADVOCATING, ENABLING AND MEDIATING**
The promotion of Quit and smoke-free messages in the community has provided an element of advocacy for the anti tobacco movement. A powerful and consistent message continues to be heard through schools, workplaces and a long history of media campaigns designed to inform and shock at the same time.

Education and training initiatives have focused on enabling people to make informed decisions about smoking and to have ready access to quit programs and supportive products. Regulatory tools have also been used to empower communities in the push against tobacco.

The National Tobacco Strategy relies on mediation with partners for the delivery of most of its initiatives. Government departments, community groups, health and non-health non-government organisations, schools, and media organisations are actively involved in the prevention and reduction of tobacco use in the community.

This national strategy employs an intersectoral approach to its mission.
Activity 1 (Page 68)
After reading the descriptions of responsibility for health promotion at each different level (federal, state and territory governments, private sector, local communities and individuals), research and describe some examples of health promotion actions that have been taken at each of those levels in Australia.

Activity 2 (Page 70)
Design a diagram to represent how different agencies collaborate in a health promotion strategy at your school or in your local community.

Activity 3 (Page 70)
Access the ‘Fit for the Future’ questionnaire on the eText and answer the questions as a citizen of New South Wales. Discuss your answers with the class about the future directions of NSW Health.

Activity 4 (Page 70)
Research the concept of ‘social capital’ and write a newspaper article describing how it has been harnessed to support the ‘BreastScreen’ and Cervical Cancer Screening Program.

Activity 5 (Page 71)
Produce a list of actions under the five ‘action areas’ of the Ottawa Charter that could be used to address other chronic diseases discussed in this module.

Activity 6 (Page 71)
After reading the measles immunisation case study, write a letter to a politician recommending the Ottawa Charter approach be adopted to design a national health promotion strategy for skin cancer.

Activity 7 (Page 77)
beyondblue has five priority areas that include community awareness and destigmatisation, consumer and carer participation, prevention and early intervention, primary care and targeted research. In groups of five, refer to the beyondblue programs on the eText and carry out an audit of the five priority areas to identify how the beyondblue projects relate to the Ottawa Charter Action Areas.
1. **Outline** five levels of responsibility for health promotion.

2. **Define** the term ‘intersectoral collaboration’.

3. **Describe** one strategy the NSW government has employed to encourage individuals to actively participate in decisions about their own health.

4. **Construct** a list of agencies that collaborate in either BreastScreen Australia or the Cervical Cancer Screening Program.

5. Select two Ottawa Charter Action Areas and **discuss** how each one relates to the principles of social justice.

6. **Explain** how the responsibilities of individuals and governments differ under two different action areas of the Ottawa Charter.

7. **Assess** the influence of applying the Ottawa Charter Action Areas on the achievement of social justice by the NSW Refugee Health Service.