Personal Development, Health and Physical Education

Stage 6

Support Document

2010
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## 1. PDHPE Stage 6 Sample Scope and Sequence

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<thead>
<tr>
<th></th>
<th>Preliminary Course (120 hrs)</th>
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<tbody>
<tr>
<td></td>
<td><strong>Week 1</strong></td>
</tr>
<tr>
<td><strong>Term 1</strong></td>
<td>Core 2: The body in motion (30% course time)</td>
</tr>
<tr>
<td></td>
<td>Outcomes: P7, P8, P9, P10, P11, P16, P17</td>
</tr>
<tr>
<td><strong>Term 2</strong></td>
<td>Core 1: Better health for individuals (30% course time)</td>
</tr>
<tr>
<td></td>
<td>Outcomes: P1, P2, P3, P4, P5, P6, P15, P16</td>
</tr>
<tr>
<td><strong>Term 3</strong></td>
<td>Option A: (20% course time)</td>
</tr>
<tr>
<td></td>
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<tr>
<td><strong>Term 4</strong></td>
<td>Option B (20% course time)</td>
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<tr>
<td></td>
<td>Outcomes: Option B</td>
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<tr>
<td></td>
<td>HSC Course (120 hrs)</td>
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<tr>
<td></td>
<td><strong>Week 1</strong></td>
</tr>
<tr>
<td><strong>Term 4</strong></td>
<td>Option A (20% course time)</td>
</tr>
<tr>
<td></td>
<td>Outcomes: Option A</td>
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<tr>
<td><strong>Term 1</strong></td>
<td>Core 1: Health priorities in Australia (30% course time)</td>
</tr>
<tr>
<td></td>
<td>Outcomes: H1, H2, H3, H4, H5, H6, H14, H15, H16</td>
</tr>
<tr>
<td><strong>Term 2</strong></td>
<td>Core 2: Factors affecting performance (30% course time)</td>
</tr>
<tr>
<td></td>
<td>Outcomes: H7, H8, H9, H10, H11, H16, H17</td>
</tr>
<tr>
<td><strong>Term 3</strong></td>
<td>Option B (20% course time)</td>
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<tr>
<td></td>
<td>Outcomes: Option B outcomes</td>
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<td></td>
<td>Core and option revision</td>
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# 2(a) Sample Unit Proforma

<table>
<thead>
<tr>
<th>Unit Title:</th>
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<tbody>
<tr>
<td><strong>Outcomes</strong></td>
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<tr>
<th>Focus Question:</th>
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<tr>
<td><strong>Students learn about:</strong></td>
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<tr>
<td><strong>Students learn about:</strong></td>
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<th>Focus Question:</th>
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<td><strong>Students learn about:</strong></td>
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<th>Resources:</th>
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### 2(b) Sample Unit of Work for Preliminary Core 1: Better Health for Individuals

<table>
<thead>
<tr>
<th>Preliminary Core 1: Better Health for Individuals</th>
<th>Duration: 30% of course time (36 hrs)</th>
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<tbody>
<tr>
<td><strong>Outcomes</strong></td>
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<tr>
<td>A student:</td>
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<tr>
<td>P1 identifies and examines why individuals give different meanings to health</td>
<td></td>
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<tr>
<td>P2 explains how a range of health behaviours affect an individual’s health</td>
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<tr>
<td>P3 describes how an individual’s health is determined by a range of factors</td>
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<tr>
<td>P4 evaluates aspects of health over which individuals can exert some control</td>
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<tr>
<td>P5 describes factors that contribute to effective health promotion</td>
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<tr>
<td>P6 proposes actions that can improve and maintain an individual’s health</td>
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<tr>
<td>P15 forms opinions about health-promoting actions based on a critical examination of relevant information</td>
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<tr>
<td>P16 uses a range of sources to draw conclusions about health and physical activity concepts</td>
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<table>
<thead>
<tr>
<th><strong>What does health mean to individuals?</strong></th>
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</table>

**Students learn about:**
- meanings of health
  - definitions of health
  - dimensions of health
  - relative and dynamic nature of health

**Students learn to:**
- examine the dynamic nature of health by exploring:
  - the interactions between the dimensions
  - the concept of good health
  - the health continuum
  - how health changes over time
  - how an individual’s circumstances affect their health

(Below is an expanded list of teaching and learning strategies that could be used to deliver the syllabus content. It is not expected that individual school teaching programs include a similar number of teaching and learning strategies.)

**Teaching and learning strategies:**
- Conduct a think-pair-share activity to create a class definition of health.
- Research the definition of health given by our government and the World Health Organisation. Compare these to the class definition and modify if needed.
- Identify the dimensions of health and create a simple diagram to show how they are interrelated.
- Discuss what ‘good health’ means to a 70 year old. Compare this to what it means for a 20 year old and 45 year old.
- Create a variety of scenarios that describe people of various ages with various levels of health. Place them on a health continuum. Discuss how changing one aspect/factor in their life could alter the position. Using this example, explain how health is ‘relative’ and ‘dynamic’.
- Interview a range of people from different age groups to determine what emphasis they place on different components of health. Analyse the reasons behind these findings.
- Provide a personal example of how health is both relative and dynamic.
- Research how health changes over the lifespan. Identify the health concerns of a 5 year old, 15 year old, 35 year old, 75 year old.
| • perceptions of health | • examine perceptions of health by exploring questions such as: | • Create a template for a comprehensive health report for young people that covers all the dimensions of health. Compare with class members. |
| | − perceptions of their health | − how healthy am I? How healthy do other people think I am? |
| | − perceptions of the health of others eg parents, the elderly, the homeless | − how healthy do I think other people are? |
| | − implications of different perceptions of health | − why would my perceptions of health be similar or different to others? |
| | − perceptions of health as social constructs | − how might an individual’s perception of health affect their behaviour and wellbeing? |
| | − impact of the media, peers and family | • determine the degree to which perceptions of health are socially constructed |

**Teacher note:** when studying this core, emphasis should be on drawing from realistic contexts relevant to students. These include food habits, body image, physical activity, drug use, mental health, sexual health and road safety.

| • health behaviours of young people | • explore current research and information to: | • Using the Australian Bureau of Statistics and other government websites construct a one-page profile of the health of young people. |
| | − the positive health status of young people | − identify the prevalence of and trends in the health behaviours of young people |
| | − protective behaviours and risk behaviours | − challenge the accuracy of societal perceptions of the health behaviours of young people |

• Identify groups of people who are considered to have relatively poor health. List the factors that contribute to their health status. To what degree is their health status a product of social factors?

• Analyse a range of people who are considered to be healthy, eg elite athlete. Critically evaluate their wellbeing in terms of all dimensions of health.

• Review newspapers for stories about the health of certain people or groups of people. What health needs of the population are they not addressing? What do you think the government believes is ‘good health’?

• Gather evidence from newspapers, magazines and TV to demonstrate how the media normalises certain health behaviours, eg drug use, sexual activity. Research the facts that counter these media messages.

• Identify health promotion initiatives that attempt to counteract the negative health behaviours.

• Consider two actions of your family and peers that could make a positive impact on your health status. Identify two actions that you could take today to make a positive impact on the health of family and peers.

• Discuss how our perception of good health might be different if we lived in a different place or country. For example, is ‘good health’ to a child in India the same as ‘good health’ to an Australian child? How/where do we learn what makes ‘good health’? Are these messages and sources valid/accurate?
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| • identify protective and risk behaviours for health issues relevant to young people and predict how risk decreases or increases when multiple factors interact | • Discuss in small groups a health issue relevant to young people. Identify a range of both protective behaviours and risk behaviours for the issue. Describe situations where risk behaviours interact to increase the chance of harm. Explain how protective behaviours reduce the risk of harm. | • Analyse a range of risk behaviours with reference to the drug use triangle. |

### What influences the health of individuals?

**Students learn about:**

- the determinants of health
  - individual factors, eg knowledge and skills, attitudes, genetics
  - sociocultural factors, eg family, peers, media, religion, culture
  - socioeconomic factors, eg employment, education, income
  - environmental factors, eg geographical location, access to health services and technology

- the degree of control individuals can exert over their health
  - modifiable and non-modifiable health determinants
  - the changing influence of determinants through different life stages

**Students learn to:**

- analyse how an individual’s health can be determined by a range of factors acting in various combinations
- assess the degree of control individuals have over their health, by exploring questions such as:
  - how much control do individuals have over the determinants?
  - what can individuals do to modify the determinants they have little control over?
  - how does the level of influence of the determinants change over time?

**Teaching and learning strategies:**

- Explain how each determinant of health affects personal health status. Illustrate the explanation with specific examples.
- Brainstorm as many specific factors that affect health as possible. Categorise or code into individual, sociocultural, socioeconomic and environmental factors, noting how some fall into more than one category.
- Undertake a case study (or write a detailed scenario) that describes the health of a particular person. Swap with class members and determine the factors that influence this person’s health.
- Explore stimulus material, such as the DVD *Bend it like Beckham*, to analyse how an individual’s health can be determined by a range of factors acting in various combinations.
- Revisit a scenario of the health of an individual discussed previously. Categorise the factors that affect their health into modifiable and non-modifiable factors.
- Outline specific examples that demonstrate that the health status of an individual is sometimes beyond their control (eg developing countries).
- Create a table of ways the individual may be able to take some control over, or modify, the health determinants. Explain the additional resources or support they may need to modify the determinants.
- Consider the extent of the influence of others on the health status of a child. Compare to that of a teenager. Determine the stage of life when a person takes responsibility for their own health. Discuss how this varies from individual to individual.
- Describe the relative influence of the four determinants of health to current personal health status. Identify which determinants may make a greater or lesser impact on health status in the future.
### What strategies help to promote the health of individuals?

<table>
<thead>
<tr>
<th>Students learn about:</th>
<th>Students learn to:</th>
<th>Teaching and learning strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>what is health promotion</td>
<td>describe the various health promotion roles and responsibilities adopted by individuals, groups and governments</td>
<td>Think/pair/share the question: what is health promotion?</td>
</tr>
<tr>
<td>responsibility for health promotion</td>
<td></td>
<td>Brainstorm ways that health is promoted in Australia – where do we see and receive messages about health?</td>
</tr>
<tr>
<td>– individuals</td>
<td></td>
<td>Identify examples of successful health promotion initiatives in Australia, eg quit smoking, breast screening, RBT.</td>
</tr>
<tr>
<td>– community groups/schools</td>
<td></td>
<td>Discuss how effective health promotion campaigns do more than just provide knowledge to establish behavioural change.</td>
</tr>
<tr>
<td>– non-government organisations</td>
<td></td>
<td>For a specific health issue (eg drug use, healthy food habits), work through each level of responsibility, citing examples of actions that can or have been taken to address the issue.</td>
</tr>
<tr>
<td>– government</td>
<td></td>
<td>Identify the key contributing groups for a specific health-promoting strategy (eg Close the Gap, National Binge Drinking Strategy). Describe the roles they take.</td>
</tr>
<tr>
<td>– international organisations, eg WHO, United Nations</td>
<td></td>
<td>Examine the role of the school and local community in health promotion. Propose ways they could make a greater impact without spending.</td>
</tr>
</tbody>
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- health as a social construct
  - recognises the interrelationship of determinants
  - challenges the notion that health is solely an individual’s responsibility
- investigate how the determinants of health explain why some individuals and groups have better or worse health than others
- Using a resource such as ‘Road Whys’, analyse the behavioural reasons given for a particular road issue, eg seatbelts.
- Explain how the determinants of health could combine to positively and negatively affect personal health status in the future. List any determinants which are non-modifiable.
- Explore the ways the government may influence the health status of the population, eg legislation, funding, promotion. Provide a comparison to the health of a developing country.
- Discuss the impact of the government on each determinant of health.
- Debate the topic, 'The health of a population is limited by the role its government plays'.

What strategies help to promote the health of individuals?

Students learn about:

- what is health promotion
- responsibility for health promotion
  - individuals
  - community groups/schools
  - non-government organisations
  - government
  - international organisations, eg WHO, United Nations

Students learn to:

- describe the various health promotion roles and responsibilities adopted by individuals, groups and governments

Teaching and learning strategies:

- Think/pair/share the question: what is health promotion?
- Brainstorm ways that health is promoted in Australia – where do we see and receive messages about health?
- Identify examples of successful health promotion initiatives in Australia, eg quit smoking, breast screening, RBT.
- Discuss how effective health promotion campaigns do more than just provide knowledge to establish behavioural change.
- For a specific health issue (eg drug use, healthy food habits), work through each level of responsibility, citing examples of actions that can or have been taken to address the issue.
- Identify the key contributing groups for a specific health-promoting strategy (eg Close the Gap, National Binge Drinking Strategy). Describe the roles they take.
- Examine the role of the school and local community in health promotion. Propose ways they could make a greater impact without spending.
- Identify the government budget for curative and preventative health expenditure. Outline the reasons why the government spends a large percentage of the health budget on curative rather than preventative health.
- Research the role of the World Health Organisation in health promotion.
- Compile a list of non-government organisations that have a significant role in health promotion, eg Cancer Council Australia, Asthma Foundation NSW.
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- **health promotion approaches and strategies**
  - lifestyle/behavioural approaches, eg quit smoking programs, health education
  - preventative medical approaches, eg childhood immunisation, cancer screening
  - public health approaches, eg health-promoting schools and workplaces

- **the Ottawa Charter as an effective health promotion framework**
  - developing personal skills
  - creating supportive environments
  - strengthening community action
  - reorienting health services
  - building healthy public policy

- **principles of social justice**
  - equity
  - diversity
  - supportive environments

- **determine the effectiveness of a range of health promotion strategies relevant to young people, eg government interventions relating to alcohol consumption and young drivers**

- **describe the historical significance of the Ottawa Charter for Health Promotion**

- **explain how health promotion based on the action areas of the Ottawa Charter has contributed to positive health outcomes. For example:**
  - reduction in road injuries
  - reduction in tobacco use

- **identify strategies where the principles of social justice have been applied to promote the health of individuals**

- **Consider the ways health is promoted in the school environment. Categorise each way as an example of a lifestyle/behavioural approach (eg health classes), preventative medical approach (eg rubella immunisation) or public health approach (asthma friendly school).**

- **Construct a list of health promotion strategies aimed at young people, covering as many contexts as possible (eg drug use, mental health, road safety, etc). Discuss which are most effective at changing behaviour and why.**

- **List the areas of concern for the health of young people. Suggest promotional or other strategies that would appeal to young people to address these.**

- **Select a health promotion campaign aimed at reducing drug use in young people (eg National Binge Drinking strategy). List the approaches used in this campaign. Discuss why a variety of approaches within a campaign enhances its effectiveness.**

- **Using the World Health Organisation website <www.who.int> complete a comprehension activity on the origins and features of the Ottawa Charter for Health Promotion.**

- **Revisit one of the health promotion campaigns aimed at young people and discuss how the approaches fit into the action areas of the Ottawa Charter.**

- **Select another health promotion campaign aimed at young people. Analyse its effectiveness in terms of the Ottawa Charter health promotion framework.**

- **Examine the strategies used by the NSW RTA to reduce deaths from speeding. Categorise these using the Ottawa Charter framework.**

- **Using a dictionary define the terms ‘justice’, ‘equity’ and ‘diversity’.**

- **Write a paragraph using the terms ‘social justice’, ‘equity’, ‘equality’, ‘diversity’ and ‘supportive environments’ that demonstrates understanding of the terms.**

- **Using a specific health example, distinguish between the terms ‘equity’ and ‘equality’. Brainstorm further examples.**

- **Identify the various ways an environment can be supportive in improving health actions and behaviours. Develop two scenarios based on an individual wanting to quit smoking to improve their health. In the first scenario, describe the individual trying to quit without a supportive environment. The second scenario should describe how the characteristics of a supportive environment assist the individual in their effort to improve their health.**

- **Outline examples from school and community settings where the principles of social justice are evident. Identify any that are health related.**
3. Annotated Resource List

<table>
<thead>
<tr>
<th>Australian Government – general resources</th>
<th>Comment and syllabus links</th>
<th>Source</th>
</tr>
</thead>
</table>
| **Australia’s Health 2010** (Available from AIHW in July 2010) | This biennial publication provides a comprehensive and detailed picture of Australia’s health. It contains tables, graphs and explanations about the health status of Australians. The chapter on population groups highlights health differentials and issues of equity. Trends, rather than specific statistics, should be the focus of study. Syllabus links include:  
  - Preliminary Core 1: Better Health for Individuals  
    - What does health mean to individuals?  
    - What influences the health of individuals?  
  - HSC Core 1: Health Priorities in Australia  
    - How are priority issues for Australia’s health identified?  
    - What are the priority issues for improving Australia’s health?  
    - What role do health care facilities and services play in achieving better health for all Australians?  
  - HSC Option 1: The Health of Young People  
    - What is good health for young people?  
    - To what extent do Australia’s young people enjoy good health?  
  - HSC Option 5: Equity and Health  
    - Why do inequities exist in the health of Australians?  
## A Healthier Future For All Australians (2009)

This report provides the governments of Australia with a practical national plan for health reform that will benefit Australians now and in the future. It identifies actions that can be taken by governments to reform the health system. These include tackling major access and equity issues, redesigning our health system to meet emerging challenges and creating an agile and self-improving health system.

Syllabus links include:
- Preliminary Core 1: Better Health for Individuals
  - What strategies help to promote the health of individuals?
- HSC Core 1: Health Priorities in Australia
  - How are priority issues for Australia’s health identified?
  - What role do health care facilities and services play in achieving better health for all Australians?
  - What actions are needed to address Australia’s health priorities?

## Preventative Health Taskforce (2008)

The Preventative Health Taskforce was established in April 2008 to develop the National Preventative Health Strategy, focusing initially on obesity, tobacco and excessive consumption of alcohol. The taskforce provides evidence-based advice to governments and health providers on preventative health programs and strategies.

The strategy was launched on 1 September 2009 and is directed at primary prevention. It recommends a range of interventions aimed at reducing the chronic disease burden associated with three lifestyle risk factors – obesity, tobacco and alcohol.

Syllabus links include:
- Preliminary Core 1: Better Health for Individuals
  - What does health mean to individuals?
  - What influences the health of individuals?
  - What strategies help to promote the health of individuals?
- HSC Core 1: Health Priorities in Australia
  - How are priority issues for Australia’s health identified?
  - What are the priority issues for improving Australia’s health?
  - What actions are needed to address Australia’s health priorities?
- HSC Option 5: Equity and Health
  - How may the gap in health status of populations be bridged?
**Young Australians: their health and wellbeing 2007**

This report includes information on the health status of young Australians (12 to 24 years) and the factors influencing their health such as health behaviours, environmental factors, family and community capacity, and socioeconomic factors. New topics in the 2007 edition include: burden of disease; parental health, disability and socioeconomic status; social support; assault and victimisation; environmental factors; and health system performance.

Syllabus links include:
- Preliminary Core 1: Better Health for Individuals
  - What does health mean to individuals?
  - What influences the health of individuals?
- HSC Core 1: Health Priorities in Australia
  - What are the priority issues for improving Australia’s health?
  - What role do health care facilities and services play in achieving better health for all Australians?
- HSC Option 1: The Health of Young People
  - What is good health for young people?
  - To what extent do Australia’s young people enjoy good health?
- HSC Option 5: Equity and Health
  - What inequities are experienced by population groups in Australia?

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**National Health Performance Framework (2003)**

This publication selects a limited number of indicators to provide an overview of the performance of the Australian health system. The inclusion of three non-hierarchical tiers reflects the fact that health status and health outcomes are influenced by the impacts of the determinants of health and health system performance. Examples of the indicators include: incidence of cancer, potentially avoidable deaths, children exposed to tobacco smoke in the home, risky alcohol consumption, cancer survival and waiting times in emergency departments.

Syllabus links include:
- Preliminary Core 1: Better Health for Individuals
  - What influences the health of individuals?
- HSC Core 1: Health Priorities in Australia
  - How are priority issues for Australia’s health identified?
  - What are the priority issues for improving Australia’s health?
  - What role do health care facilities and services play in achieving better health for all Australians?
This presentation provides graphs and tables to give an evidence-based story about how Australia is faring in relation to health. It was put together to stimulate discussion on the main challenges and opportunities facing the country and the choices to be made in addressing them. It does not represent government policy. The presentation covers areas such as chronic disease, ageing population and health research.

Syllabus links include:
- HSC Core 1: Health Priorities in Australia
  - What are the priority issues for improving Australia’s health?
  - What role do health care facilities and services play in achieving better health for all Australians?

This report provides a detailed overview of the process through which the Commonwealth Government will undertake major reform in funding and managing the hospital system. The structural reforms will mean that the Commonwealth Government:
- becomes the majority funder of public hospitals
- takes over all funding and policy responsibility for GP and primary health care services
- dedicates around one third of annual Goods and Services Tax (GST) allocations currently directed to state and territory governments to fund the change in responsibilities for the health system
- changes the way hospitals are run, taking control from central bureaucracies and handing it to local hospital networks
- changes the way hospitals are funded, by paying local hospital networks directly for each hospital service they provide, rather than by a block grant from the Commonwealth to the states.

Syllabus links include:
- HSC Core 1: Health Priorities in Australia
  - What role do health care facilities and services play in achieving better health for all Australians?
# NSW Government – general resources

<table>
<thead>
<tr>
<th>Publication</th>
<th>Description</th>
<th>Syllabus links</th>
<th>NSW Department of Health</th>
<th>Website</th>
</tr>
</thead>
</table>
| **Future Directions for Health in NSW – Towards 2025** (February 2007) | This publication provides an excellent description of the pressures and challenges facing the NSW health system. These include a growing and ageing population, rising levels of chronic illness and persistent health inequalities. The seven strategic directions identified in the NSW State Health Plan are expanded on with the identification of practical strategies. Each strategic direction is explored using a series of focus statements:  
- **Why this is important**  
- **What we are aiming for**  
- **What needs to happen**  
- **We all have a role to play … here are some suggestions.** Included are some clear examples of strategies that can be implemented at the various levels of responsibility for health promotion.  

Syllabus links include:  
- Preliminary Core 1: Better Health for Individuals  
  - What strategies help to promote the health of individuals?  
- HSC Core 1: Health Priorities in Australia  
  - What are the priority issues for improving Australia’s health?  
  - What role do health care facilities and services play in achieving better health for all Australians?  
| **A New Direction for NSW State Health Plan: Towards 2010** (February 2007) | The State Health Plan identifies the health priorities and evidence-based strategies that will guide the NSW public health system towards 2010 and beyond. The plan identifies seven strategic directions that will be NSW priorities, with a strong emphasis on prevention.  

Syllabus links include:  
- Preliminary Core 1: Better Health for Individuals  
  - What strategies help to promote the health of individuals?  
- HSC Core 1: Health Priorities in Australia  
  - What role do health care facilities and services play in achieving better health for all Australians?  
| **Healthy People NSW: Improving the health of the population (February 2007)** | This publication sets the platform for health action in NSW over the coming years. It identifies key achievements in population health and describes the challenges ahead, which include the three health priority issues in HSC Core 1. Syllabus links include:  
- Preliminary Core 1: Better Health for Individuals  
  - What strategies help to promote the health of individuals?  
- HSC Core 1: Health Priorities in Australia  
  - What are the priority issues for improving Australia’s health?  
  - What actions are needed to address Australia’s health priorities? | NSW Department of Health  
www.health.nsw.gov.au |
| --- | --- | --- |
| **The Health of the People of NSW – Report of the Chief Health Officer 2008 – Summary Report** | This publication provides an overview of key population health indicators, health inequalities, emerging health priorities and health data. It includes data and commentary on:  
- the determinants of health  
- health inequalities (Aboriginal peoples, rural and remote populations, people born overseas and socioeconomically disadvantaged people)  
- chronic diseases and health conditions (cardiovascular disease, cancer, diabetes, respiratory disease, injury, mental health).  
Syllabus links include:  
- HSC Core 1: Health Priorities in Australia  
  - How are priority issues for Australia’s health identified?  
  - What are the priority issues for improving Australia’s health? | NSW Department of Health  
www.health.nsw.gov.au |
| **NSW School Students Health Behaviours Survey 2008 Report** | This report provides information about, and comparisons of, trends in health behaviours and attitudes of secondary school students. Areas include nutrition and eating, being overweight or obese, physical activity, injury, psychological distress, alcohol, tobacco and substance use.  
Syllabus links include:  
- Preliminary Core 1: Better Health for Individuals  
  - What does health mean to individuals? | NSW Department of Health  
www.health.nsw.gov.au |
## Health priority issue: Groups experiencing health inequities

<table>
<thead>
<tr>
<th>Four steps towards equity (2003)</th>
<th>This document provides an overview of the principles of equity in health, why it is important and how prevention services can respond. It distinguishes between 'inequality' and 'inequity' and explains how health inequities affect everyone. It discusses how health promotion needs to change if it is to reduce health inequity.</th>
<th>NSW Department of Health <a href="http://www.health.nsw.gov.au">www.health.nsw.gov.au</a></th>
</tr>
</thead>
</table>
| **Syllabus links include:** | • Preliminary Core 1: Better Health for Individuals  
  – What strategies help to promote the health of individuals?  
• HSC Core 1: Health Priorities in Australia  
  – What are the priority issues for improving Australia’s health?  
  – What actions are needed to address Australia’s health priorities?  
• HSC Option 5: Equity and Health  
  – How may the gap in health status of populations be bridged? |  |

<table>
<thead>
<tr>
<th>Aboriginal and Torres Strait Islander Health (2006)</th>
<th>This website contains Aboriginal and Torres Strait Islander health information from mainstream areas for the Department of Health and Ageing as well as from the Office for Aboriginal and Torres Strait Islander Health. The website offers a range of links to specific health promotion initiatives and prevention programs.</th>
<th>Dept of Health and Ageing <a href="http://www.health.gov.au">www.health.gov.au</a></th>
</tr>
</thead>
</table>
| **Syllabus links include:** | • Preliminary Core 1: Better Health for Individuals  
  – What influences the health of individuals?  
• HSC Core 1: Health Priorities in Australia  
  – What are the priority areas for improving Australia’s health? |  |

## Health priority issue: High levels of preventable chronic disease

<table>
<thead>
<tr>
<th>Chronic diseases and associated risk factors in Australia, 2006</th>
<th>This publication provides statistics on chronic diseases and their associated risk factors in Australia. It focuses on patterns of disease across the age groups, prevalence and trends, effects on health services and differences among population groups. In addition, the AIHW website also contains pages that provide basic facts about 12 preventable chronic diseases. Information is provided on seven risk factors associated with these diseases. For each disease a brief description, list of modifiable risk factors and links to AIHW publications and useful websites is provided.</th>
<th>Australian Institute of Health and Welfare <a href="http://www.aihw.gov.au">www.aihw.gov.au</a></th>
</tr>
</thead>
</table>
| **Syllabus links include:** | • HSC Core 1: Health Priorities in Australia  
  – What are the priority issues for improving Australia’s health? |  |
**National Chronic Disease Strategy (2005)**

The National Chronic Disease Strategy (NCDS) has been developed to provide national policy directions to improve chronic disease prevention and care. It focuses mainly on the direction to be taken by the health system. The ‘action areas’ of the strategy (prevention, early detection and early treatment, self-management, and integration and continuity of prevention and care) will be of particular interest as they have links to the Ottawa Charter.

Syllabus links include:
- Preliminary Core 1: Better Health for Individuals
  - What strategies help to promote the health of individuals?
- HSC Core 1: Health Priorities in Australia
  - What actions are needed to address Australia’s health priorities?
- HSC Option 1: The Health of Young People
  - What skills and actions enable young people to attain better health?
- HSC Option 5: Equity and Health
  - How may the gap in health status of populations be bridged?

**Health priority issue: A growing and ageing population**

**Older Australia at a glance, 4th edition (2007)**

This publication describes the characteristics and circumstances of the 2.7 million older Australians using key statistics in relation to 45 topic areas. The chapters on 'health and functioning' and 'use of health and aged services' provide detailed information about the syllabus issue: a growing and ageing population.

Syllabus links include:
- HSC Core 1: Health Priorities in Australia
  - How are priority issues for Australia’s health identified?
  - What are the priority issues for improving Australia’s health?
- HSC Option 5: Equity and Health
  - What inequities are experienced by population groups in Australia?

**Aged Care Australia**

The Aged Care Australia website has been established by the Australian Department of Health and Ageing to provide comprehensive information and resources for the elderly, carers and their families. The website offers a range of advice in such areas as health and wellbeing, accessing health care facilities, planning for future health needs and independent living.

Syllabus links include:
- HSC Core 1: Health Priorities in Australia
  - What are the priority issues for improving Australia’s health?
  - What role do health care facilities and services play in achieving better health for all Australians?
### 4. Annotated List of Health Promotion Initiatives

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
<th>Website/Contact Information</th>
</tr>
</thead>
</table>
| **National Drug Strategy** | The National Drugs Campaign is part of the *National Drug Strategy 2004–2009* and specifically aims to increase awareness among young people about the negative consequences, harms and risks associated with using illicit drugs. The campaign uses primary prevention and targeted intervention strategies. The current phase ‘Where’s your head at’ focuses on methamphetamines, ecstasy and marijuana. **Note:** the National Drug Strategy 2010–2015 is scheduled for release in 2010. | Australian Government  
| **National Alcohol Strategy (2006–2011)** | The National Alcohol Strategy 2006–2011 was developed as a response to the patterns of high-risk alcohol consumption that are prevalent in Australia. It outlines four priority areas for coordinated action to develop drinking cultures that support a reduction in alcohol-related harm in Australia. | Australian Government  
| **National Binge Drinking Strategy (2008)** | This $53.5 million strategy aims to address the high levels of binge drinking among young Australians. The main objective of the National Binge Drinking Campaign is to reduce the harm associated with drinking and intoxication among teenagers aged 15–17 and young adults aged 18–25 years and a secondary target audience of parents of 13–17 year olds. The campaign includes a $20 million social marketing campaign that will run over two years. | Australian Government  
| **National Tobacco Strategy** | The National Tobacco Strategy is the policy framework under which the Australian Government tobacco campaigns operate. The ‘Quit Now’ website provides information and resources on successful quitting as well as links to current and previous campaigns. | Australian Government  
[www.quitnow.info.au](http://www.quitnow.info.au) |
| **Live Life Well** | This website is part of a campaign focusing on preventative actions to improve personal health and reduce the chances of developing chronic diseases. It provides basic information and tools to assist the individual to make changes to their lifestyle in areas such as smoking, nutrition, physical activity, alcohol use, weight management and stress management. | NSW Department of Health  
| **Healthy Kids** | ‘Healthy kids’ is a campaign encouraging children to ‘Live Life Well’. The website outlines a range of initiatives to assist children and parents to increase levels of physical activity and improve dietary intake. It also contains information, activities and links to other resources. | NSW Department of Health  
| **NSW Health Obesity Strategy** | The Report of the NSW Chief Health Officer provides an overview of the health of the people of NSW, presents trends in key health indicators, and demonstrates health inequalities that involve a multifaceted approach to addressing the problem of obesity. It includes obesity prevention programs and support and treatment for people who are already overweight or obese. ‘Get Healthy’ is an example of a health promotion campaign providing an information and coaching service. | NSW Department of Health  
## NSW Department of Health

This web page contains a short explanation and link to a variety of health promotion campaigns conducted by the NSW Department of Health, including: ‘Go for 2&5’, ‘Winter Campaign’, ‘Don’t let drugs use you’, ‘STI Campaign’, ‘No smoking in cars with children’, ‘How do you measure up?’, ‘The dark side of tanning’ and ‘Good for Kids, Good for Life – Water Campaign’.

## NSW Health responsible drinking campaign

The NSW Health responsible drinking campaign, ‘What are you doing to yourself?’, aims at tackling the growing problem of binge or excessive drinking and antisocial behaviour among teenagers and young adults. The key message is about taking personal responsibility for alcohol consumption.

## Speeding – no one thinks big of you (2007)

The objective of this RTA campaign, ‘Speeding – no one thinks big of you’, is to make speeding socially unacceptable. Part of this campaign is the sponsorship of the RTA SpeedBlitz Blues. Raising awareness about the consequences of speeding, and changing attitudes towards speeding among young male drivers, are aims of this campaign.

## Road Safety 2010

Road Safety 2010, the framework for halving the road toll over the next decade, describes speeding as the greatest contributor to road fatalities in NSW. The initiative has developed strategies around three central themes: Safer People, Safer Roads, Safer Vehicles. While reaching its conclusion in 2010, this initiative provides a broad range of recognisable strategies that students can link to the Ottawa Charter.
5. Health Promotion Initiatives with Links to the Ottawa Charter

**Closing the Gap (2008)**
The World Health Organisation document provides detailed information about the global strategy to close the health gap in a generation. It calls on governments to lead immediate action on the social determinants of health to achieve health equity.

In the Australian context, the Close the Gap campaign’s goal is to close the health and life expectancy gap between Indigenous and non-Indigenous Australians within a generation. The Australian Government has set specific targets and COAG has identified a number of ‘building blocks’ that need to be in place in order to address the current state of disadvantage. The national plan of action has the goal of achieving Indigenous health equality by 2030.

Currently, the life expectation gap is 17 years. Most women in Australia can expect to live to 82 years – Aboriginal and Torres Strait Islander women can expect to live to only 64.8 years. The situation is even worse for Indigenous Australian men whose life expectancy is just 59.4 years. The main causes of this health inequality are: less access to essential health services, lack of access to primary health care, overcrowded and poor quality housing, and limited access to fresh and healthy food.


**Examples of links to action areas of the Ottawa Charter**

**Build healthy public policy**
- The WHO has identified inequality among populations and population groups globally. In order to reduce this inequality they have developed the policy document ‘Closing the Gap in a Generation’.
- In line with the WHO policy document the Australian governments committed to change at the December 2007 Council of Australian Governments (COAG) meeting. The ‘Close the Gap Statement of Intent’ was signed by the Prime Minister in March 2008.
- Establish a national Indigenous representative body.
- Provide funding to build a skilled and professional workforce to cope with the challenges of remote Indigenous education.
- Set measurable targets for health equality.

**Create supportive environments**
- Train an adequate number of health professionals (preferably Aboriginal and Torres Strait Islanders) to deliver primary health care and other health care services.
- Ensure supplies of fresh healthy food are available to Indigenous people by 2018.
- Provide the necessary housing, waste supplies systems to support the achievement of health equality.
- Recruitment of Indigenous trainees by the Australian Federal Police, developing educational programs on policing in Indigenous communities and boosting the profile and work of AFP officers in Indigenous communities through community activities.
- Provide extra teachers for remote schools.

**Strengthen community actions**
- Involve Aboriginal and Torres Strait Islander peoples and their representative bodies as active participants in health planning at local and regional levels.
- Delivery of culturally appropriate primary health services by Aboriginal Community Controlled Health Services.

**Develop personal skills**
- Provide primary health care services to the Aboriginal and Islander population, particularly through Aboriginal Community Controlled Health Services, by 2018.
- Provide health care and access to early learning support for Indigenous mothers, babies and children.

**Reorient health services**
- Invest in primary health care where prevention and promotion are in balance with curative services.
- Provide appropriate education through health services to promote healthy, structured lifestyles and prevent the heavy onset of chronic diseases in the 34–45 age group.
- Initiate the changes that will ensure Aboriginal communities have the necessary housing, water supplies and systems to support the achievement of health equality.
National Chronic Disease Strategy (2005)
The National Chronic Disease Strategy (NCDS) has been developed to provide national policy directions to manage and improve chronic disease prevention and care across Australia. It focuses mainly on the direction to be taken by the health system. It seeks to improve health outcomes and reduce the impact of chronic disease by providing a framework of agreed national directions for improving chronic disease prevention and care across Australia.

Examples of links to action areas of the Ottawa Charter

Build healthy public policy
- Build workforce capacity in terms of availability and skills.
- Reduce health inequalities by focusing on the needs of population groups disproportionately affected by chronic disease.
- Provide a flexible health system that can coordinate care planning across services, settings and sectors.

Create supportive environments
- With the support of health care providers, enhance people’s ability to make informed decisions and undertake the health actions necessary to maximise their wellbeing and quality of life.
- Develop infrastructure and information technology support.
- Create an environment in which care for people with chronic disease involves a multidisciplinary approach, including general practice, community health, hospitals, private providers and community and non-government organisations. It may also require community and disability support as well as support for families and carers.

Strengthen community actions
- Provide culturally safe and appropriate approaches across all the elements of prevention and care.
- Support the contribution of family and carers.
- Encourage collaboration between health services, patients, their family and carers to provide person-centred optimal care.
- Empower population groups and communities to take control of their health status, specifically those disproportionately affected by chronic disease (ATSI, aged, socioeconomically disadvantaged, people with physical and mental disabilities).

Develop personal skills
- Provide health promotion for the whole population.
- Develop people’s self-management skills to enhance their capacity to take responsibility for their own health in areas such as risk reduction of chronic diseases, informed decision-making, care planning, medication management, etc.

Reorient health services
- Significant, targeted and coordinated action focused on risk factor prevention and reduction.
- Enhanced investment in effective health promotion and risk reduction interventions.
- Identification and implementation of evidence-based and cost-effective approaches to early detection and early treatment.
Road Safety 2010

Road Safety 2010, the framework for halving the road toll over the next decade, describes speeding as the greatest contributor to road fatalities in NSW. The speeding campaigns aim to reduce the annual cost to the community of speed-related crashes, which is more than $827 million per year.

www.rta.nsw.gov.au

Examples of links to action areas of the Ottawa Charter

Build healthy public policy
- Legislation to permit fixed digital speed cameras to operate in NSW.
- The 50 km/h urban limit is part of a nationwide strategy to reduce the incidence of injury and death on the roads. Even small reductions in vehicle speed can reduce the number of deaths and severity of injuries.
- Mandatory road safety courses will be developed to enable offenders to change their behavior and develop safer driving habits.
- Policy reform in relation to the requirements of progressing through driver training, including hazard perception test and driver qualification test.
- Penalties have increased for drink driving, excessive speeding, and ‘road rage’ offences.

Create supportive environments
- The ‘Speeding – no one thinks big of you’ campaign (launched in 2007) aims to make speeding socially unacceptable, just as drink driving is.
- ‘P plate speeding campaign’ aims to increase awareness of the police enforcement operation targeting young drivers. It consists of two 15-second commercials advertising on bus backs and outdoor billboards.
- Fixed speed cameras at 13 primary school sites in NSW.
- Three warning signs installed on the approach to a regular fixed speed camera.
- Testing of Intelligent Speed Adaptation systems where the vehicle ‘knows’ the speed limit and is capable of using that information to give feedback to the driver or limit the vehicle’s speed.
- Upgrading existing roads and higher safety standards in new road construction to improve road safety.
- Construction of cycle ways to separate cyclists from other traffic.

Strengthen community actions
- The sponsorship of the RTA SpeedBlitz Blues is part of an ongoing campaign to raise awareness about the consequences of speeding, and to change attitudes towards speeding, particularly among young male drivers – who remain the most at-risk group on the roads.
- Continuing to work with community-based organisations to provide ‘driver reviver’ sites to combat driver-fatigue-related accidents.

Develop personal skills
- The ‘speeding campaign’ delivers a straightforward message about the actual difference in stopping distances for a vehicle travelling at 60 km/h compared to one travelling at 65 km/h. A key issue in speeding-related crashes is the fact that most motorists underestimate the distance needed to stop.
- The ‘Country speeding campaign’ aims to reduce speeding-related crashes in NSW by challenging the belief that being familiar with the road means you can drive above the speed limit and increasing drivers’ awareness of the dangers of speeding around bends.
- The ‘Notes campaign’ uses advertisements in cinemas and magazines to specifically target drivers aged 17–25 years. It aims to increase awareness of speeding as a significant killer of young drivers, make young drivers stop and think about their risk-taking behaviour, and encourage young drivers to modify their speeding habits and slow down.
- Introduction of the Graduated Licencing Scheme to increase novice drivers’ experience and to improve knowledge, driving ability and hazard perception.
- School education road safety programs for protection of children and development of long-term safe behaviours.
- Provision of adequate road crossing facilities, audio/tactile signals, and ramps for wheelchairs, prams and shopping trolleys to create a safer environment for pedestrians.

Reorient health services
- The ‘Slow Down Roadshow’ travels around the state educating the community about the consequences of speeding.

Many of the previously mentioned strategies and campaigns that increase road safety awareness promote a preventative approach to road safety issues, thereby reorienting health services towards health promotion.
National Binge Drinking Strategy (2008)
In March 2008 the Prime Minister announced a National Binge Drinking Strategy which provides $53.5 million over four years to address binge drinking among young people.


Examples of links to action areas of the Ottawa Charter

**Build healthy public policy**
- Invest $14.4 million in community level initiatives to confront the culture of binge drinking, especially in sporting organisations.
- Close the dangerous tax break for alcopops, which encourages young people to binge drink.
- Receipt of Commonwealth Government support by 19 local communities for grassroots programs to help tackle binge drinking by young people.

**Create supportive environments**
- Investigate options in relation to closing hours, responsible service of alcohol, reckless secondary supply of alcohol and the alcohol content in ready-to-drink beverages.

**Strengthen community actions**
- Provision of funding (initially to 19 local communities) to develop local solutions to address youth binge drinking within their own community.
- Community organisations working with local police to address underage drinking.
- Community level initiatives to confront the culture of binge drinking, particularly in sporting organisations.

**Develop personal skills**
- TV, radio and internet campaign that confronts young people with the costs and consequences of binge drinking.
- $19.1 million to intervene earlier to assist young people and ensure that they assume personal responsibility for their binge drinking.
- Early intervention initiatives to focus on cultures and environments as well as placing a new emphasis on personal responsibility and improved decision-making skills.
- Interactive internet-based game, ‘Don’t turn a night out into a nightmare’, is designed to encourage teenagers and young adults to think about the choices they make about drinking, and particularly the possible negative consequences of excessive alcohol consumption. These harms may include health problems, injury, violence and social problems, including the breakdown of relationships.

**Reorient health services**
- Diversion programs to get young people under the age of 18 back on track before more serious alcohol-related problems emerge.
- $5.2 million to expand the Good Sports initiative of the Australian Drug Foundation to support local sporting clubs to build a culture of responsible drinking.
- Establishment of a taskforce to develop a national preventative strategy which will focus on excessive alcohol consumption as well as obesity and tobacco.
Aged Care Access Initiative (2008)
The Aged Care Access Initiative, announced in the 2008–09 Federal Budget, aims to improve access to primary care services for residents of Commonwealth-funded aged care facilities.

Examples of links to action areas of the Ottawa Charter

**Build healthy public policy**
- A GP incentive payment to encourage GPs to provide increased and continuing services in residential aged care facilities.
- A payment for allied health professionals for clinical care services in residential aged care facilities, where these services are not covered by Medicare or other government funding arrangements.
- The Aged Care Access Initiative is expected to support an additional 260,000 GP consultations and provide approximately 150,000 allied health services in residential aged care facilities over a four-year period.
- Investment of $7 million over five years to encourage 1,000 qualified nurses who have been out of the health workforce for more than 12 months to come back to work in the aged care sector.

**Create supportive environments**
- A total of 6,525 new residential aged care beds across Australia to provide much-needed care for frail older Australians.
- Through financial incentives, provide greater access to GPs for the elderly.
- Provide allied services to enter the aged care facilities and provide support either on an individual or group basis.

**Strengthen community actions**
- Facilitate relationship building between GPs, divisions of general practice and residential aged care facilities.
- Shared planning and priority setting with other local organisations.

**Develop personal skills**
- Additional clinical services may be provided by allied health professionals, eg group psychology sessions, group exercise, falls prevention programs to develop skills and maintain the physical activity required to reduce the risk of injury and associated ageing changes.

**Reorient health services**
- Over five years the government will create 2,000 more transition care beds for older Australians who are currently waiting in hospital. This will help older Australians move from hospital care to more appropriate specialised aged care, or move from hospital back to home.