Northern Territory Government

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NORTHERN TERRITORY DEPARTMENT OF HEALTH

Health Promotion

Strategic Framework 2011 - 2015

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NT Department of Health
Health Promotion Strategic Framework 2011 - 2015

Background

This framework provides a structure for describing the type of health promotion actions that are used across the Northern Territory. It enables a shared understanding of the actions that can be taken to improve health and wellbeing. It also provides guidance about embedding a health promotion approach into all planning processes, programs and service development across the NT.

While this framework is intended to be used within the health sector, we strongly encourage other sectors and agencies outside of the health domain to use the framework.

This framework should be used in conjunction with health promotion audit tools and other health promotion resources available in the NT, such as the Public Health Bush Books and the Quality Improvement Program Planning System (QIPPS). It is also designed to be used as a guide, together with other local, regional and national frameworks, policies, strategies and resources.

Why Health Promotion?

The World Health Organisation (WHO) acknowledges the growing evidence that health promotion and preventive health approaches are effective in improving overall health and wellbeing, reducing the burden of chronic disease and injury, addressing health inequities, facilitating the better use of resources and enhancing economic productivity.[1 2 3 4]

Striking a balance between investments in a health promoting approach that addresses the increasing burden to the healthcare system of preventable chronic conditions and investments that increases the level of expenditure in treatment services is a major component of health system reform. It is particularly important to utilise key performance indicators and benchmarks that relate to improving health outcomes across the lifespan.

A large proportion of the disease burden in Australia and the NT is attributed to lifestyle-related behaviours such as tobacco use, overweight and obesity, physical inactivity and alcohol misuse.[5 6] Within the NT, the largest contributor to the disease burden is low socioeconomic status.[7]

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[1] The Evidence of Health Promotion Effectiveness. Shaping Public Health in a New Europe. A Report for the European Commission by the International Union for Health Promotion and Education. 2002.
[2] World Health Report 2008. Primary Health Care – Now more than ever. World Health Organisation, Geneva.
[3] Harper T, Oldenburg B. Call for a National Charter for Health. Issue Paper, February 2009.
[4] McQueen DV, Jones CM (eds) 2007. Global Perspective on Health Promotion Effectiveness. International Union for Health Promotion and Education. Springer, New York NY.
[5] Zhao Y, You J and Guthridge S. Burden of Disease and Injury in the Northern Territory, 1999-2003. Department of Health and Families, Darwin 2009
[6] Begg S et al. The burden of disease and injury in Australia 2003. PHE 82. Canberra: AIHW
[7] Zhao Y, You J and Guthridge S. Burden of Disease and Injury in the Northern Territory, 1999-2003. Department of Health and Families, Darwin 2009

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The other health challenges we are facing today are:[8 9 10]

- The gap between Indigenous and non Indigenous health status and outcomes
- Increasing levels of chronic conditions, disability, injury and mental illness
- The ageing of the population
- Growing inequities in health and other social factors between different population groups between and within countries
- Increasing environmental degradation and climate change with severe health consequences.

Investing in health promotion is an important strategy to contain the projected increase in health expenditure.[11 12] Health promotion is essential for implementing the national health reform agenda. This is highlighted by the establishment of the Australian National Preventive Health Agency.[13]

Across Australia, a "Health in All Policies" approach is increasingly being used by Governments. It involves the consideration of the impacts on health of policy and program development processes across all sectors. It inevitably involves systems and organisational change.[14]

It will be essential to have ongoing monitoring of the cost effectiveness of health promotion interventions to increase the evidence base for policy makers.[15]

With increasing investment in health promotion in the NT, the development of a framework that can be used to guide practitioners, researchers and policy-makers to undertake evidence-based health promotion work is necessary.

Framework Objectives

- To support a consistent approach to the description and implementation of health promoting services and programs across the NT
- To ensure health promotion is reflected in all business planning and service development processes within the Department of Health, including hospital settings
- To raise awareness of the range of strategies that sit across the health promotion continuum
- To facilitate a common understanding and language about health promotion strategies and actions

[8] Department of Health and Families Annual Report 2008-2009. Northern Territory Government 2009.
[9] A Healthier Future For All Australians – Final Report of the National Health and Hospitals Reform Commission. Commonwealth of Australia, Canberra 2009. ISBN: 1-74186940-4. Publication Number: P3-5499
[10] Lin V, Fawkes S, Hughes A. National Prevention Summit. Investing in Australia's health and wellbeing. A vision for Prevention in Australia. Discussion paper. Australian Institute of Health Policy Studies and the Victorian Health Promotion Foundation 2008.
[11] Goss J. Projection of Australian health care expenditure by disease, 2003 to 2033, Health and expenditure series Number 36, Australian Institute of Health and Welfare 2008, Canberra.
[12] Harris A, Mortimer D. Funding illness prevention and health promotion in Australia: a way forward. Australia and New Zealand Health Policy 2009; 6(25) doi:10.1186/1743-8462-6-25
[13] Australia National Preventive Health Agency 2010, Department of Health and Ageing, Canberra, viewed 18 January 2011, <http://www.health.gov.au/internet/main/publishing.nsf/content/phd-anpha>.
[14] Kickbusch I, Buckett K (eds) 2010. Implementing Health in All Policies, Adelaide 2010. Department of Health, Government of South Australia.

[15] Vos T et al. Assessing Cost-Effectiveness in Prevention (ACE-Prevention): Final Report. University of Queensland, Brisbane and Deakin University, Melbourne 2010.

- To stimulate discussion that promotes a common understanding of the role and contribution of health promotion strategies and actions
- To support collaboration between government agencies, non-government organisations, private sector, industry and communities
- To support the health and wellbeing workforce to provide health promoting health services and programs.

Who can use the framework?

The framework is intended to be used by a diverse audience both within and external to the health sector, such as:

- The health workforce (including health professionals , community workers and administrative staff)
- Directors, managers and senior policy makers in health and community services
- Other NT Government Departments
- Other private and non-government workforces that work in different settings:
    - Non-Government Organisations (NGO)
    - Private businesses and industry
    - People working in other sectors such as education, planning and housing
- Communities and the general public.

What is Health Promotion?

The Ottawa Charter is a global framework aimed at guiding health promotion action. It outlines five areas for health promotion action:

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services.

In essence, health promotion is about:

- Empowering individuals and populations to have control over, and make informed decisions about, their health
- Providing supportive social, economic and physical environments through diverse but complementary strategies
- Working in collaboration with a wide range of sectors
- Enabling individuals to take control over the determinants of health
- Equipping systems and sectors to address the social determinants of health.

Objectives

The objectives of contemporary health promotion are:

- To promote **equity**
- To ensure s**ocial justice**
- To **advocate** for improved population health outcomes
- To work in **partnership**

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- To ensure i**ntersectoral collaboration**
- To promote **community engagement**
- To support **empowerment**
- To promote **sustainability**
- To embrace **evidence based practice**
- To value **contextual knowledge**
- To celebrate and value **cultural knowledge**
- To improve health literacy through **system level changes**.

Elements of the Health Promotion Strategic Framework

Over the last few decades, there have been significant developments in evidence supporting the importance of a health promotion focus aimed at reducing the burden of diseases, particularly in vulnerable communities and populations. The evidence suggests that single strategies aimed at providing health information to support behaviour change and lifestyle modification are least effective and that multiple and complementary actions which occur in tandem are shown to be the most effective.

There has also been a parallel process of building an evidence-base about the specific value and outcomes associated with the use of particular health promotion strategies. Part of this effort has involved standardising the use of terminology to describe such strategies. This has clarified which strategies are the most appropriate and effective, and under which circumstances.

In order to make good use of the NT DoH Health Promotion Framework, it is important to understand what is meant by the terms:

- Determinants of health
- Continuum of health promotion practice.

The following sections define what is meant by these terms and what this means in relation to health promotion practice.

A glossary of common health promotion terms has been compiled to assist staff to use the Health Promotion Framework effectively.

Determinants of Health

A determinant of health is defined as a factor or characteristic that contributes to health status. These determinants consist of a range of individual, behavioural, social, economic, cultural, physical and environmental factors that interact to influence health.

Current evidence suggests that action is required to adequately improve existing health inequities (Health Inequity relates to unequal population health outcomes that are avoidable).[16] Turrell et al suggest that actions or interventions to improve health inequities occur at three discrete yet closely interrelated levels; Upstream, Midstream and Downstream.[17] Upstream determinants are those that occur at a macro level such as global forces and government policies, factors at this level include

[16] Department of Health, Towards a Fairer Society: Community Case Studies. Adelaide" DH (SA), 2006

[17] Turrell G, Oldenburg B, McGuffog I, Dent R, 1999. Socioeconomic Determinants of Health: Towards a National Research Program and a Policy and Intervention Agenda. Queensland University of Technology, School of Public Health, Ausinfo, Canberra.

education, employment, income, living and working conditions. Midstream determinants can be defined as intermediate factors such as health behaviours and psychosocial factors. Downstream determinants occur at a micro level and include physiological and biological factors such as genetic makeup and gender.

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Table 1 – Understanding what is meant by determinants of health

Determinants of Health	**Social, Economic, Physical, Cultural and Environmental factors**[18][19] • Early years • Education (including literacy) • Food security • Employment and working conditions • Income • Housing • Transport • The social gradient • Social inclusion • Gender • Beliefs and values systems • Health literacy • Welfare support systems • Health Care systems, including access to health services	**Psychosocial factors** • Control of one's life • Social supports • Isolation and marginalisation • Self esteem • Depression • Stress • Aggression **Behavioural factors** • Diet and nutrition • Smoking • Alcohol • Physical activity • Substance abuse (eg drugs, petrol sniffing) • Self-harm • Gambling • Safe sexual behaviours • Engagement in preventive health care practices	**Non-modifiable individual factors** • Age • Sex • Ethnicity • Genetics **Physiological systems** • Endocrine (.eg. glucose intolerance) • Immune systems (e.g. reduced immunity) • Cardiovascular system (e.g. hypertension, high lipids) • Muscular-skeletal systems (e.g. osteoporosis)
Description of Factors	• Upstream factors can impact on health in two ways: o Direct impact through factors relating to safety o Indirect impact by influencing health	• Actions designed to change midstream determinants include individual lifestyle programs and the creation of supportive environments to make healthy choices easier.	• Changes to physiological systems and biological functioning are brought about by sustained and longer term effects of psychosocial and behavioural factors.

[18] Wilkinson R, Marmot M (eds) 2003. Social Determinants of Health: The Solid Facts (2nd Edition). World Health Organisation, Geneva.
[19] Social Determinants of Health: areas for action. Australian Health Promotion Association, New South Wales 2008.

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	(accidents, injury and violence). behaviours and psychosocial factors, which in turn can influence biomedical changes. • Socially disadvantaged people are more likely to have poorer health outcomes and higher risk factor profiles. Low socio-economic status is a major contributing factor in relation to Indigenous health. • These factors can be compounded by other issues such as remoteness and/or social isolation and language barriers. These are important factors to be considered in the NT context. • These factors can be challenging to address, but have the potential to yield the biggest health gains.	• There is an element of individual choice, however these choices normally operate within the context of upstream factors. In other words Individual choices do not occur in a vacuum, and are influenced by factors such as education, income level, employment, living and working conditions. All factors that are generically referred to as upstream.	• These determinants dominate the current health care system. They generally relate to illness and disease. • While we are limited to what can be done to change non-modifiable risk factors, they can be used to identify groups at increased risk of developing disease to enable targeted interventions.
	Upstream (Macro-level) Factors	**Midstream (Intermediate-level) Factors**	**Downstream (Micro-level) Factors**

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Continuum of Health Promotion Practice

The continuum of health promotion practice generally contains a range of approaches within five areas for action, comprising both individual and population approaches. The areas of action are designed to complement one another as they target the determinants of health and different factors at various stages of health across the life course. Health promotion practice is most effective when a combination of approaches is implemented.[20] The continuum of health promotion practice has been developed to be consistent with and reflective of the five action areas of health promotion in the Ottawa Charter. Consistency with and reflection of the Ottawa Charter, as the overarching global framework guiding health promotion, is important.

The five areas of action across the Continuum of Health Promotion Practice are:

- Settings and Supportive Environments
- Community Action
- Health Information and Social Marketing
- Health Education and Skills Development
- Screening, Individual Risk Assessment and Immunisation

The Public Health Bush Book is a useful guide for assisting health practitioners to implement actions in these areas.

Table 2 provides a summary of the continuum of health promotion practice**.** The aims of the various parts that make up the continuum are described. It also provides a description of the activities that sit across the continuum. Examples of health promotion actives across the continuum are provided both for Issues and Settings based health promotion. The settings-based examples provided relate specifically to health promoting hospitals and health promoting schools. The issues-based examples chosen relate to tobacco control and healthy weight. As health promotion is not practiced exclusively using a settings or issues approach, generic examples of health promotion activities specific to the NT have also been listed.

[20] Rapid Review of the Literature, Community-based Interventions, Extended Review Report. Public Health Branch, Department of Health, Melbourne 2009.

Table 2: Summary of continuum of health promotion practice, adapted from the Integrated Health Promotion Kit, Victoria[21]

Settings and Supportive Environments	**Community Action**	**Health Information and Social Marketing**	**Health Education and Skills Development**	**Screening, Individual Risk Assessment, Immunisation**
AIM				
To develop healthier physical, social and cultural environments where people live, learn, work and relax. This can be established through: • **Organisational development** • **Economic and regulatory activities.**	To increase community control over the determinants of health through collective efforts, community participation, empowerment, capacity building and increasing healthy literacy.	To influence individual behaviour change through the provision of health information and development of personal skills. To advocate for broader social and environment change agendas.	To improve knowledge, attitudes, confidence and individual capacity to change psychosocial and behavioural risk factors. To improve health literacy of individuals, communities and organisations.	To enable early detection and management of diseases to improve physiological risk factors.
ACTIVITY				
Organisational development Integration of health promotion principles in organisational policies, structures, systems, service directions, priorities and practices to create a supportive	This must involve: • **Community engagement** in priority setting, decision making, planning, implementation and evaluation of strategies It can also involve:	**Health information** Presentation of information to a general or targeted audience using a variety of forms in diverse settings and languages, such as spoken word (including telephone information services), written materials	**Health education** Health education is any combination of learning experiences designed to facilitate voluntary actions conducive to health. It can involve individuals and/or groups.	**Screening** Systematic use of a testing tool to detect individuals at risk of developing a specific disease. **Individual risk assessment** Detecting the overall risk

[21] Adapted from: Integrated Health Promotion Resource Kit. Victorian Government Department of Human Services, Melbourne Victoria 2008.

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environment for health promotion activities within an organisation. Usually divided into 3 domains: • **Service** (Recognition and reward systems, information systems, monitoring and evaluation, quality improvements, integration of health literacy focus **)** • **Policy and strategic plans** • **Management** (structures, support and commitment). **Economic, regulatory activities and legislation** Application of financial and legislative incentives or disincentives that affect a range of parameters (eg standards, pricing, availability, promotion of a product and restrictions to use).	• **Advocacy** work to gain political commitment, structural changes or systems support for a particular issue.	and internet and web-based information. **Social marketing** Application of commercial marketing techniques to the analysis, planning, execution and evaluation of programs that are designed to influence behaviour. This activity is usually targeted to a specific population group.	**Skills development** Building the skills required to empower individuals or communities to have greater control over their lives.	of disease(s) through identification of biological, psychological and behavioural risk factors. **Immunisation** Inoculation of vaccine to reduce the spread of vaccine-preventable diseases.

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EXAMPLES OF SETTINGS BASED APROACHES				
HEALTH PROMOTING HOSPITALS				
• A hospital specific health promotion policy • Designated spaces for staff to engage in physical activity free-or-charge or by subsidy • Smoke free hospital campuses • Clear signage to assist patients to easily locate relevant areas within the hospital.	• Provision of healthy foods in vending machines and cafeterias accessible to patients, visitors and staff • Consumer participation on hospital boards and/or committees.	• QUIT posters in prominent locations throughout the hospital (such as lifts, stairwells and bathrooms). • Patient targeted information about specific health issues (such as smoking).	• Brief intervention training for hospital staff • On-ward QUIT counselling services delivered by appropriately qualified staff and/or volunteers • The establishment of a health education calendar that lists upcoming seminars, meetings and/or forums that are facilitated in the local hospital area.	• Accurately recording the smoking status of all patients • Health screening days in hospital foyers.
HEALTH PROMOTING SCHOOLS				
• Smoke free schools • School canteen policies to promote the sale and consumption of healthy foods, such as fruits and vegetables • Provision of a Health Promoting School Nurse.	• Commitment to establishing a school community-garden • School Councils being proactive in relation to fundraising efforts that promote healthy eating and physical activity (in contrast to those that promote unhealthy options such as chocolate drives and sausage sizzles).	• Embedding health information into various curriculum resources • Distribution of health information relating to oral health, head lice, healthy eating in school newsletters.	• Australian Council for Health, Physical Education and Recreation (ACHPER) professional development for teachers • Development of health issue specific lessons plans • The provision of information about safe sex and healthy	• Provision of Healthy School Aged Kids screening • Provision of school immunisation program.

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			personal relationships to school students • Provision of anti-bullying programs in schools.	
EXAMPLES OF ISSUES-BASED HEALTH PROMOTION				
TOBACCO CONTROL				
• Legislative changes to provide smoke free areas and taxation to increase cigarette prices • Smoke free Policies (e.g. DoH Smoke Free Policy) • Smoke free hospitals and health services • Embedding monitoring and evaluation activities into tobacco control programs.	• Declaration of smoke free homes, cars, events and smoke free zoning (unlegislated) • Community QUIT groups to support smoking cessation • Community representation on Steering Committees for tobacco control programs.	• QUIT campaign information and resources • Talking posters on tobacco-related harms • Production of smoking DVDs in local languages.	• QUIT counselling • Education sessions in schools and hospitals • Professional development for health practitioners that supports smoking cessation among key client groups.	• Assessment and recording of smoking status in health records • Brief intervention training and implementation about smoking cessation • Appropriate referral pathways for tobacco cessation programs and counselling • Provision of Nicotine Replacement Therapy in hospital settings.
HEALTHY WEIGHT				
• Ensuring access to healthy food by improving the availability and affordability of healthy food in local shops and remote stores • Working with remote housing to improve conditions of houses to	• Community walking groups • Catering to provide healthy food at community events • Healthy vending machines in workplaces and public spaces, such as hospitals	• Social Marketing Campaigns (e.g. Swap It, Measure Up, Go for 2 and 5) • Healthy cooking recipes • Evidence based information and Fact sheets available on websites.	• Diabetes Nutrition Groups • Healthy cooking sessions using locally available ingredients • Sustainable community gardens • Nutrition education to patients, visitors and	• Assessments of weight and waist circumference, (e.g. CVD risk assessment tools) • Appropriate referral pathways to lifestyle programs • Brief Intervention

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enable safe food preparation (a working sink), cooking (a working stove) and storage (a working fridge) • Working with urban planners to create environments that are conducive to physical activities (e.g. walking / cycling paths).	• Local action plans that promote and support healthy eating and physical activity in local organisations, including schools, local government services and housing.		staff of hospitals and health services.	support about healthy eating.
GENERIC EXAMPLES OF HEALTH PROMOTION				
Organisational development service: • Integrating continuous quality improvement into policy or program (eg QIPPS - Quality Improvement Program and Planning System) • Supporting health information sharing network (eg Chronic Disease Network (CDN) or the Public Health Network (PHN) • Opportunity for debriefing after a visit out bush	• Involvement of communities in decision making committees (e.g. Local Implementation Plans of the Territory Growth Towns - a signed agreement between all three levels of government and local people to achieve improvements in services, infrastructure, the local economy and social-wellbeing) • Community representation on Steering Committees and Working Groups	**Health information** • Media Release in response to disease outbreaks • Online resources (eg Factsheets, websites) • Patient Information Brochures • Talking posters and books • Radio announcements **Social marketing** • Sexual Health campaigns • Using print or electronic media to create stories through art/drama story	**Health education and skills development** • Culturally appropriate health education sessions, (eg using the Chronic Disease Story Board concept) • Disease-specific groups, (e.g. heart disease support groups) • Sustainable approach to tooth-brushing programs in Remote schools • Budgeting and household management • Men's sheds • Girls camps • Sexual health	**Screening** • Cancer screening (e.g. Pap smears, Mammography) • Screening for Sexually Transmitted Diseases (STI) **Individual risk assessment** • Assessment of risk factors, (e.g. Adult Health Checks, antenatal screening for risk factors) • Healthy Kids Under Five (HKU5) program, Healthy School Age

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• Visiting staff supporting local community staff to deliver programs. **Policy and strategic plans:** • Applying a Health in All Policies approach into policy development • Implementing healthy workplace policies (e.g. DoH Catering Policy) • Capacity building approach (e.g .Professional development activities such as Certificate in Population Health). **Management** • Establishing '*separate' or 'gender sensitive'* entrances to health clinics • Creating youth friendly space or clinic • Supported, effective and meaningful community representation on Reference Groups or Working Groups.	• Establishing community-based groups, self-help groups and community support groups • Working with local organisations and community members in project planning and implementation • Submissions of papers or lobbying for legislative or policy changes for a particular cause (e.g. climate change).	telling • Environmental Health campaigns • Local adaptation of White Ribbon campaign to increase men's participation in anti-violence activities • NT-wide Domestic and Family Violence mandatory reporting awareness campaign.	awareness programs • Building capacity of local community staff to conduct programs • Access to culturally appropriate health services.	Kids (HSAK) program • Oral Health Screening, "Lift the Lip" assessment of children's mouths for early intervention and prevention • Assessment of susceptibility to risk conditions (e.g. risk of falls, cardiovascular risk assessment). **Immunisation** Immunisation against measles, polio, influenza, Human Papilloma Virus (HPV), etc.

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Economic, regulatory activities and legislation • Taxation to increase prices of liquor • Environmental health and housing standards for remote housing • Australian Government licensing of community stores Introduction of legislation for mandatory reporting of domestic and family violence.				

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Glossary of terms

These definitions are based on WHO's glossary of terms and the Bush Book,[22] [23] [24] unless otherwise stated.

Advocacy
A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program.

Capacity Building
Development of knowledge, skills, commitment, structures, systems and leadership to enable effective health promotion. It embraces building the capacity of:

- Health workers, in terms of commitment and skills for working in a health promoting way.
- Health organisations, in terms of their commitment, policy, systems and resources to promote health. This would include incorporating health promotion principles and practices into primary health care and public health systems.
- Communities and community members in terms of their skills, practices and orientation to improving health and solving health problems.

Community Action
Collective efforts by communities to increase community control over the determinants of health. It involves community engagement, empowerment, capacity building and advocacy.

Community Development[25]
The process of facilitating the community's awareness of the factors and forces which affect their health and quality of life, and ultimately helping to empower them with the skills needed for taking control over and improving these conditions in their community. It often involves helping them to identify issues of concern and facilitating their efforts to bring about change in these areas.

Community Engagement[26]
Process that enables the participation by individuals and groups in the community in priority setting, decision making, planning, implementation, management and evaluation of health promotion activities.

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[22] Health Promotion Glossary. World Health Organisation, Geneva 1998.
[23] Smith B, Tang KC, Nutbeam D. WHO Health Promotion Glossary: new terms. Health Promotion International 2006; 21(4): 340-45
[24] NT Department of Health and Community Services. The Public Health Bush Book – Volume 1: Strategies and Resources. 2008, Northern Territory Government.
[25] Hawe P, Degeling D, Hall J. Evaluating Health Promotion: A Health Worker's Guide, 1990. MacLennan & Petty Sydney.
[26] Integrated Health Promotion Resource Kit. Victorian Government Department of Human Services, Melbourne Victoria 2008.

Determinants of Health
The range of individual, behavioural, social, economic, physical and environmental factors that determine the health status of individuals or populations.

Empowerment for Health
The process by which people gain greater control over decisions and actions affecting their health.

Enabling
Taking action in partnership with individuals or groups to empower them, through mobilisation of human and material resources, to promote and protect health.

Equity
Equity means fairness. Equity in health is about equality of health opportunity, where everyone has an equal opportunity to develop and maintain their health through fair and just access to resources required for good health. Consequently this may result in different approaches for different groups in the community dependent on their particular needs i.e. gender, age, cultural background/language, education, and remoteness (urban and rural) from services.

Equity in health is not about achieving the same health outcomes for everyone, which is not possible due to differences in genetics and personal conditions. However, when differences in opportunity are unfair and unjust resulting in unequal health outcomes that are avoidable, this is what we term a **health inequity**.

These terms relate very closely to the social determinants of health and the concept of social justice and fairness.

Evidence Based Health Promotion
The use of information derived from formal research and systematic investigation to identify causes and contributing factors to health needs and the most effective actions to address these in given contexts and populations.

Health
A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

Health Education
Opportunities for learning, involving some form of communication designed to improve health literacy, including improving knowledge and developing life skills which are conducive to health.

Health Impact Assessment
A combination of procedures, methods and tools by which a policy, program, product or service may be judged concerning its effects on the health of the population.

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Health in All Policies[27]
A horizontal health policy strategy that incorporates health as a shared goal across all parts of Government and addresses complex health challenges through an integrated policy response across portfolio boundaries.

Health Literacy
Is the knowledge, cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.

Health Promotion Settings Approach
A settings approach locates Health Promotion action in the social, cultural and physical places in which individuals live, work, learn and play. Settings can be both within organisational or geographical structures. Examples of settings-based health promotion includes health promoting hospitals, health promoting schools, health promoting work places and health promoting cities.

Healthy Public Policy
Characterised by an explicit concern for health and equity in all areas of policy, and by accountability for health impact. Its aim is to create a supportive environment for healthy choices for everyone.

Intersectoral Collaboration
Recognised relationship between different sectors of society or organisations which has been formed to take action on an issue to achieve health outcomes in a way which is more effective, efficient and/or sustainable than might be achieved by the health sector acting alone.

Mediation
A process through which the different interests (personal, social, economic) of individuals and communities, and different sectors (public and private) are reconciled in ways that promote and protect health.

Partnerships
Agreement between two or more partners to work cooperatively towards a set of shared health outcomes. In health promotion practice, this involves a wide range of partners, from individuals to families, communities, organisations, businesses and governments.

Primary Health Care
There are a number of definitions of Primary Health Care (PHC) currently in use. It remains a contested concept and individuals may have different interpretations of what they perceive PHC to be. For a start, PHC is NOT synonymous with Primary Care, which is but one aspect of PHC that focus on clinical services provided predominantly by general practitioners and nurses.

[27] Health in all Policies. Public Health Bulletin. South Australia March 2008; 5(1)

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Comprehensive PHC, as envisioned at Alma Ata in 1978[28], recognises the multiple determinants of health and seeks to maximise wellness and address poor health of individuals and populations by undertaking a combination of health promotion, disease prevention, illness treatment and rehabilitation approaches. It forms an integral part of the health system and is usually the first contact of individuals to the health system. It is underpinned by the core principles of equity, community participation and control, intersectoral collaboration, integration, sustainability and evidence-based practice.

Selective PHC[29] takes on a clinical focus and seeks to improve health by using cost-effective medical interventions to fight a selected group disease that would maximise improvements of health in a population. However the important component is that health professionals form partnerships and develop trusting relationships with the recipients of their services to ensure more effective outcomes for interventions.

	Comprehensive PHC	**Selective PHC**
View of health	Positive Wellbeing	Absence of Disease
Locus of control over health	Communities and individuals	Health professionals
Major focus	Health through equity and community empowerment	Medical solutions for disease eradication
Health Care providers	Multi-disciplinary teams	Medical doctors
Strategies for health	Multi-sectoral collaboration	Medical interventions

Sourced from UNSW[30]

Re-orienting Health Services

Health system changes in structure, funding and organisation which aim to more effectively meet the needs of individuals and the wider population by achieving an optimal balance between investments in health promotion, illness prevention, diagnosis, treatment, care and rehabilitation services.

Social Capital

The degree of social cohesion which exists in communities. It refers to the processes between people to establish networks, norms and social trust, and facilitate co-ordination and co-operation for mutual benefit.

Social Determinants of Health[31]

The social determinants of health are the circumstances in which people are born, grow, live, work and age, including the health system that determines the health status of individuals or populations. These circumstances are in turn shaped by a

[28] Declaration of Alma-Ata. International Conference on Primary Health Care, Alma-Ata, USSR. World Health Organisation

[29] Magnusse L, Ehiri J, Jolly P. Comprehensive Versus Selective Primary Health Care: Lessons for Global Health Policy. Health Affairs 2004; 23(3): 167-176

[30] Defining Primary Health Care. UNSW Research Centre for Primary Health Care and Equity (CPHCE), NSW. <http://www.phcconnect.edu.au/defining_primary_health_care.htm>

[31] Commission on Social Determinants of Health, World Health Organisation 2011, Geneva. <http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/index.html>

wider set of forces: economics, social policies and politics at global, national and local levels.

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Social Inclusion[32]
A socially inclusive society is defined as one in which everyone feels valued and has the opportunity to participate fully in their lives by having the resources, opportunities and capability to learn, work, engage in the community and have a voice.

Social Justice[33]
A social justice orientation for health is one that addresses the rights of individuals and communities, social inequities, community empowerment and self-determination and shared decision making.

A basic principle of social justice is to ensure equitable distribution and access to essential resources for a healthy and satisfying life.

Social Marketing
Application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the behaviour of target audiences in order to improve the health and wellbeing of individuals and society.

Supportive Environments for Health
These include the physical and social environments where people live, work and play. A supportive environment offers people access to resources, opportunities for empowerment and protection from threats to health. It enables them to expand their capabilities and develop self reliance in the management of their health and well-being.

Health Promotion Sustainability
Sustainable health promotion actions or programs are those that can maintain their benefits for communities and populations beyond their initial stage of implementation. Sustainable actions can continue to be delivered within the resources or capabilities of stakeholders with consideration to finances, expertise, infrastructure, natural resources and human resources.

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