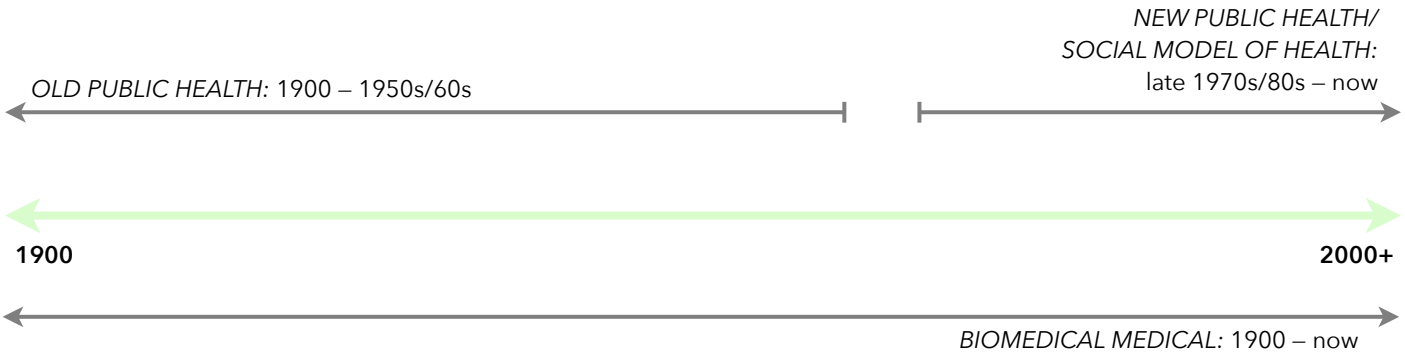
KEY KNOWLEDGE	KEY SKILLS
Improvements in Australia's health status since 1900 and reasons for these improvements, focusing on policy and practice relating to: - 'Old' public health - The biomedical approach to health and improvements in medical technology - Development of 'new' public health including the social model of health and Ottawa Charter for Health Promotion - The relationship between biomedical and social models of health	• Analyse data that shows improvements in health over time and draw conclusions about reasons for improvement

PUBLIC HEALTH APPROACHES



'OLD' PUBLIC HEALTH SYSTEM

OLD PUBLIC HEALTH: government actions that focused on changing the physical environment to prevent the spread of disease

- Organisation and collective effort to improve the health status of the entire population – ways in which governments **monitor, regulate, and promote health status** and prevent disease
- First public health measure took place when bacteria was understood to be a major cause of disease
- Focus on improving living conditions and better establishing government funded systems:
  - Improved water and sewage systems – clean drinking water and better sanitation
  - Improved nutrition
  - Improved housing conditions
  - Better work conditions
- These public health actions, which focused on the physical environment, became known as the old public health. They contributed to:
  - Reductions in death from infectious diseases (decreased mortality, increased life expectancy) – diarrhoea, cholera – particularly in children
  - Improved housing – reduction in respiratory diseases *e.g. influenza, pneumonia* (low prevalence)
  - Improved nutrition – stronger immune systems – better enabled to fight disease (low morbidity)
  - Improvements in life expectancy and infant/under-5 mortality rates

- **Vaccines**
  - Treat a range of infectious diseases – *smallpox, polio, diphtheria, pertussis, tuberculosis (TB), tetanus, polio, measles, mumps, rubella, hepatitis B*
  - Huge reductions in morbidity and mortality for these diseases
  - Australian government undertook mass vaccinations
    - 1930s: diphtheria
    - 1950s: pertussis, tetanus, poliomyelitis
    - 1960s: measles
  - Global elimination of smallpox and polio eradicated from most parts of the world

IMPROVEMENTS IN HEALTH STATUS SINCE 1900 – OLD PUBLIC HEALTH
- Quarantine – avoid outbreaks of infectious diseases – reduce mortality rates
- 1930s: great depression = poor living conditions and nutrition – to address this an advisory council on nutrition became a part of the National Health and Medical Research Council – increase life expectancy
- 1937: 200 infant welfare centres established – decreases infant mortality rates

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BIOMEDICAL MODEL OF HEALTH
The biomedical model of health focuses on the **physical or biological aspects** of disease and illness. It is a medical model practised by doctors and health professionals and is associated with the **diagnosis, treatment and cure** of disease and illness. The approach focuses on individuals and aims to return people to their "pre-illness" state

- Doctors and healthcare professionals are central to the biomedical model
- Technology and research are also important elements of this model
- Expensive – *accounts for over 95% of our Healthcare budget* – however expenses are worth it as the model is the key reason for life expectancy increases
- Essentially focuses on the disease – not the factors which contribute to them
  → *Examples*: medication, surgery

ADVANTAGES	DISADVANTAGES
Increased life expectancy due to medication to treat disease and illness	**Not affordable** for everyone – many procedures are expensive
Creates advances in technology and research due to greater knowledge and expertise in understanding medicines and procedures and their impact	Treat the illness but **not the 'root' cause** – therefore we may see the illness 'return' if behaviours/situations do not change
Improved quality of life as many chronic conditions can be managed through medication, therapy or surgery.	**Not every condition can be treated**, as some conditions may only be able to be cured through behaviour change
Enables many **common problems to be treated**	Relies on professional health workers and technology – advanced knowledge and machinery has caused it to become costly
	Doesn't always promote good health and wellbeing as it is the 'quick fix' approach, and focuses on the disease itself rather than the factors that may have caused it

IMPROVEMENTS IN MEDICAL TECHNOLOGY
- Cardiovascular disease was a major cause of early deaths in the early twentieth century
- Introduction of sphygmomanometer and stethoscope in 1910 – measure blood pressure

- New x-ray techniques in 1941 – enabled doctors to view action of the heart
  - Through these, doctors were better able to diagnose cardiovascular disease
- Heart-lung bypass machine introduced in 1950s – surgeons had more time in heart procedures
  - Able to better treat cardiovascular disease
- Development of anti-hypertensive drugs – helped with management of hypertension
- Discovery of antibiotics and penicillin (antibiotic) – reducing morbidity/mortality associated w/ infections
  - Contributed to decline in maternal mortality *(many women died during childbirth due to infection)*

'NEW' PUBLIC HEALTH SYSTEM

NEW PUBLIC HEALTH: an approach to health that expands the traditional focus on individual behaviour change to one that considers the ways in which physical, sociocultural and political environments impact on health – also referred to as the *social model of health*

- Health promotions were designed to bring about individual behaviour change – make people more aware of the causes of ill health *(e.g. tobacco smoking, physical inactivity, poor diet, excessive alcohol)*

WHY WAS IT INTRODUCED?

- Emergence of lifestyle diseases towards 1970s – less infection, higher unhealthy behaviour
- Lifestyle diseases, especially cardiovascular disease, became the leading cause of death and disability
- Understood that if people were exposed to the necessary information to prevent these diseases, their behaviours would change and improve
- However, **knowledge alone was unsuccessful** – other factors, beyond the control of an individual, could influence inequalities in health status
- This brought an increased understanding of the significant influence that **physical, sociocultural and political environments** have on influencing health and wellbeing and health behaviours
- With this understanding came a new approach to health promotion called new public health, or the social model of health

SOCIAL MODEL OF HEALTH

The social model of health takes into account the significant role that factors such as socioeconomic status, access to healthcare and social connectedness play in bringing about improved health status. These are examples of sociocultural factors. If these factors can be addressed, many diseases and illnesses can be prevented altogether.

PRINCIPLES OF THE SOCIAL MODEL OF HEALTH	
PRINCIPLE	**EXPLANATION**
Addresses the broader determinants of health	Focuses on not only the biological but particularly reducing the impact of sociocultural and environmental factors that can contribute to inequalities in health and wellbeing.
Acts to reduce social inequities	Addressing the sociocultural factors that contribute to inequities in health status, as many individuals and population groups are heavily influenced by sociocultural and environmental factors such as gender, culture, race, socioeconomic status, access to healthcare, social exclusion and the physical environment.
Empowers individuals and communities	More people can participate in decision making about their health and wellbeing and are more likely to participate in healthy behaviours which may allow them to feel a sense of power and control over their situation, and this may lead to positive changes to their health and wellbeing.

PRINCIPLES OF THE SOCIAL MODEL OF HEALTH	
PRINCIPLE	**EXPLANATION**
Acts to enable access to healthcare	The social model of health addresses the barriers to access to healthcare such as location, culture, language, transport, discrimination, accessibility, cost and knowledge.
Involves intersectoral collaboration	By involving all interested and concerned groups, sociocultural and physical environment factors can be adequately addressed. The groups involved include the government, the private sector, and the health sector.

ADVANTAGES	DISADVANTAGES
Promotes good health and wellbeing and assists in preventing diseases as it focuses on the broader determinants of health and wellbeing and can prevent conditions from developing in the first place, thus improving health status	Health promotion messages may be ignored as the social model of health relies of health relies on public cooperation, thus is people choose to ignore the health message provided, health and wellbeing may not improve
Relatively inexpensive as although health promotion programs can cost millions of dollars to implement, the investment is often significantly cheaper than treating conditions once symptoms arise	It does not promote the development of technology and medical knowledge as it focuses on the broader determinants of health and wellbeing, but does not promote medical advancements
It focuses on vulnerable population groups through promoting equity and many disadvantaged groups are the target of health promotion programs	Not every condition can be prevented as the causes of some conditions, including many genetic conditions, can be very difficult to prevent

OTTAWA CHARTER FOR HEALTH PROMOTION

HEALTH PROMOTION: the process of enabling people to increase control over, and to improve, their health. It therefore focuses on prevention rather than cure and uses the causes of diseases as the starting point rather than diseases themselves.

THE OTTAWA CHARTER FOR HEALTH PROMOTION

The Ottawa Charter for Health Promotion is an approach to health that was developed by the World Health Organisation, in Ottawa, Canada in 1986, that aims to reduce inequalities in health. It reflects the social model of health and provides five action areas that can be used as a basis for improving health status and the development of health promotion strategies, all of which are centred around three strategies for health promotion which are to advocate, enable and mediate.

STRATEGIES OF THE OTTAWA CHARTER		
STRATEGY	**EXPLANATION**	**EXAMPLES**
Advocate	Refers to actions that seek to gain support from governments and societies in general to make the changes necessary to improve the factors that influence health and wellbeing for everyone.	• Media campaigns *(e.g. social media)* • Public speaking • Conducting and publishing of research and public opinion • Lobbying governments, in which individuals/ groups try to change the opinions of those responsible for making public policies/laws
Enable	Refers to achieving equity in health and wellbeing by working with those who experience poorer health status to reduce differences in health status between population groups by ensuring equal opportunities and resources are available to enable all people to achieve optimal health and wellbeing.	• Ensuring access to education, employment, adequate housing, nutritious food and healthcare • *Empowering people, not just giving handouts*
Mediate	Changes required to promote health and wellbeing can cause conflict between different individuals, groups, businesses and political parties. Mediating helps groups resolve conflict and produce outcomes that promote health and wellbeing.	• *Reducing speed limits is an example of a policy change that is not always supported by all members of the community*

ACTION AREAS OF THE OTTAWA CHARTER		
STRATEGY	EXPLANATION	EXAMPLES
Build healthy public policy	Relates directly to the decisions made by government and organisations regarding laws and policies that affect health and wellbeing.	• Seatbelt/helmet laws • Smoking restrictions, • Workplace regulation
Create supportive environments	A supportive environment is one that promotes health and wellbeing by being safe, stimulating, satisfying and enjoyable.	• Healthy workspaces • Restricting energy-dense food ads • Strengthening links between people and environment *(e.g. walking, running)*
Strengthen community action	Focuses on building links between individuals and the community, and centres around the community working together to achieve a common goal. The more people working together towards a common goal = greater chance of success	• Community fun runs • Community kitchens • Support organisations
Develop personal skills	Education is a key aspect of this area and education refers to gaining health-related knowledge and gaining life skills that allow people to make informed decisions that may indirectly affect health and wellbeing.	• Online education • Teaching material • Health classes
Reorient health services	Refers to reorienting the health system so that it promotes health and wellbeing as opposed to focusing only on diagnosing and treating illness, as is the case with the biomedical model. It is a holistic approach that works on strengthening protective factors, reducing risk factors, and improving health determinants	• 'Stop smoking' programs • Improving access to healthcare • Health educator roles - Doctors – role of educator *(e.g. focus on healthy eating instead of surgery to reduce CVD)*

RELATIONSHIP BETWEEN THE BIOMEDICAL AND SOCIAL MODELS OF HEALTH

BIOMEDICAL AND SOCIAL MODEL OF HEALTH APPROACH TO ADDRESSING BROAD DISEASE GROUPS		
	BIOMEDICAL APPROACH TO HEALTH	SOCIAL MODEL OF HEALTH
Diabetes	• Personal blood glucose meters • Insulin injections or tablets • Blood test to diagnose type 2 diabetes • Medical treatment or medication to treat comorbidities associated with type 2 diabetes, such as high blood pressure	• Health Star Rating system – to help people make healthier food choices to prevent or manage type 2 diabetes • Australian Guide to Healthy Eating – to help people learn to eat a healthy diet to prevent or manage type 2 diabetes • Including insulin on the Pharmaceutical Benefits Scheme
Cancer	• Improvements in surgery to treat some cancers • Improvements in specialised treatment, such as radiation therapy and chemotherapy • Improved diagnostic tools and tests to help diagnose cancer	• Promotion of early detection programs • Banning of solariums in Victoria from January 2015 • Increased taxation on tobacco • Media campaigns for SunSmart and QUIT • Banning smoking in public areas • Increasing the legal age to purchase tobacco to 18 years • Banning of point-of-sale advertising for cigarettes • SunSmart school programs
Infectious diseases	• Development of new vaccines such as the HPV vaccine • Development of new treatments to treat infectious disease • GP consultations to diagnose conditions • Development of tests to help diagnose disease	• Free vaccinations as part of the Immunise Australia Program • Immunisation Register to keep records of childhood vaccinations • Changes to the social welfare system requiring children to be fully vaccinated

Injury and poisoning	• Surgical procedures to treat people who have been injured
	• Research into the best ways to treat brain injuries
	• Rehabilitation for people suffering from road trauma
	• Paramedics providing emergency treatment for a child for poisoning
		• Legislation to fence pools
		• Safer roads
		• The new graduated licensing system
		• Development of safer cars
		• Safer driveways media campaigns
		• The introduction of compulsory wearing of seatbelts
		• Establishment of .05 blood alcohol limits
		• Random breath testing
		• Reduced speed limits
		  - 50 km/h = residential areas
		  - 40km/h = school zones
		• Creating safer roads and addressing accident black spots
		• Development of safer vehicles
		• One peer passenger (16-22years) rule for P1 drivers
		• 120hrs practice with a licensed drivers for learner drivers
		• Campaigns such as 'Remove the risk' provide information that assists parents to poison-proof their home

KEY KNOWLEDGE	KEY SKILLS
Australia's health system, including Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme, and its role in promoting health in relation to funding, sustainability, access and equity	• Analyse the role of Medicare, private health insurance, the Pharmaceutical Benefits Scheme and the National Disability Insurance Scheme in promoting Australia's health

BULK BILLING: when the doctor or specialist charges only the Schedule fee, the payment is claimed directly from Medicare so there are no out-of-pocket expenses for the patient

SCHEDULE FEE: the amount that Medicare contributes towards certain consultations and treatments. The government decides what each item is worth and that is what Medicare pays ($37.05)

- *however doctor's can charge above the scheduled fee, thus resulting in a 'gap fee' (out-of-pocket expense or patient copayment)*

PATIENT CO-PAYMENT: *(gap fee/out-of-pocket expense)* the payment made by the consumer for health products or services in addition to the amount paid by the government

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MEDICARE

Medicare: Medicare is Australia's universal health insurance scheme that was established in 1984. Medicare is administered by the federal government and provides affordable, accessible and high quality healthcare. Medicare gives all Australians, permanent residents and people from countries with a reciprocal agreement access to healthcare that is subsidised by the government.

- **AIM**: To provide accessible and affordable health care for all Australians and to improve the health outcomes for all Australian residents
- Free treatment in public hospitals – treatment is given based on degree of urgency

- **Reciprocal agreement**
  - Reciprocal agreement between Australia and other countries allows Australian citizens to access free healthcare in selected countries
  - New Zealand, the United Kingdom, the Republic of Ireland, Sweden, the Netherlands, Finland, Belgium, Slovenia, Italy, Malta and Norway

- **Who funds Medicare?**
  - General taxation
  - **Medicare levy** of 2% on taxable income, payed by most tax payers
    - People with low income (<$20,000) or specific circumstances may be exempt from paying levy
  - Tax payers without private hospital insurance earning more than a certain amount pay a **Medicare levy surcharge** – an additional 1–1.5% tax
- It is based on the idea contributions should be made by individuals based on their ability to pay, so in other words the more you earn the more you pay
  - **Medicare safety net**: ensures people who require frequent services covered by Medicare (e.g doctor's visits and tests) receive additional financial support – when individual's or family's patient copayment reaches a certain amount, services covered by Medicare become cheaper for them for the rest of the calendar year

COVERED	NOT COVERED
Doctor and specialist consultations	Most costs associated with private hospital care
Most essential surgeries	Physiotherapy, osteopathy, chiropractic, podiatry (unless referred by a GP or carried out in a public hospital) – allied health
Diagnostic testing: x-rays, pathology tests	Overseas medical costs
Eye tests performed by optometrists	Ambulance services
Fee-free treatment and accommodation in public hospitals *(in-hospital expenses)*	Most dental costs
Dental services for some children under the Child Dental Benefits Schedule*	Glasses and hearing aids
75% of the schedule fee for treatment in a private hospital	Cosmetic surgeries

** For majority of the cases medicare does not cover dental services, however there are some exceptions*

- *Some surgical procedures performed by approved dentists*
- *Services for some children from 2-17 can access the* ***Child Dental Benefits Schedule****.*
  - *To qualify the individual must be eligible for Medicare and receive certain government benefits, such as Family Tax Benefit Part A or Youth Allowance for at least part of the calendar year. Once qualified, Medicare will provide $700 worth of dental treatment over two years for those who qualify. Medicare will provide $1000 worth of dental treatment for over two years for those who qualify.*

ADVANTAGES	DISADVANTAGES
Choice of doctor for out-of-hospital services	No choice of doctor for in-hospital services
Available to all Australian citizens	Waiting lists for many treatments
Reciprocal agreement between Australia and other countries allows Australian citizens to access free healthcare in selected countries	Does not cover alternative therapies
Covers tests and examinations, doctors' specialists' fees (schedule fee only), and some procedures such as x-rays and eye tests	Often does not cover the full amount of a doctor's visit
The Medicare Safety Net provides extra financial contributions for medical services once an individual's or family's co-payments reach a certain level	Emphasis is on treatment, not prevention

HOW MEDICARE PROMOTES HEALTH IN RELATION TO	
ASPECT	EXPLANATION
Funding	**Physical**: funded by wide variety of sources – reduces costs for individuals → more people afford healthcare to treat conditions – absence of disease and illness **Mental**: medicare levy surcharge (high income earners) – those who need healthcare the most can access care they need without excessive financial burden → reduce stress and anxiety
Sustainability	**Physical**: only covering essential healthcare services – reduces additional expenses for government – financially support health needs of present and future generations → Australians may always access healthcare – absence of disease and illness **Physical**: reduced costs for individuals – encourage people to access healthcare sooner – improved health outcomes – reduce cost of treatment long term → present and future generations all afford to meet health needs and have absence of illness and disease
Access	**Physical**: choose own doctor for out-of-hospital services – doctor in local area who can meet social or cultural needs – promote comfort in accessing healthcare → encourage individuals to seek healthcare to have absence of disease and illness **Physical**: treat patients in hospital based on need – essential and life-saving healthcare accessible to those who need it most → individuals can can have well functioning and efficient bodies and body systems
	Physical: no choice of doctor for in-hospital services – doctor does not meet social and cultural needs – individual less likely to have condition treated → presence of a disease or illness **Spiritual**: long waiting lists – not given quick access to needed healthcare – individuals with non life-threatening conditions but in need of healthcare → increased time in poor health – lack of peace and harmony in their life
Equity	**Physical**: available to all Australian citizens – not discriminating – all people able to access care they need → absence of illness and disease – experienced on a national level **Mental**: Medicare safety net – health financial support provided in equitable manner → decrease financial stress for individuals of lower ses

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PHARMACEUTICAL BENEFITS SCHEME

Pharmaceutical Benefits Scheme (PBS): The Pharmaceutical Benefits Scheme (PBS) is a Federal Government-funded scheme that subsidises the cost of a wide range of prescription medications, providing Australians with access to necessary and cost-effective medicines at an affordable price.

- Evolving since 1948 – *when government provided lifesaving and disease-preventing medication to the community free of charge*
- **AIM:** To provide essential medicines to people who needed them, regardless of their ability to pay.
- Purpose today remains the same, however instead of being free, medicines are now subsidised and consumers must make a patient co-payment
- Currently around 5000 brands of prescription medicine are covered by the PBS, including different brands of the same medicine

- Current cost *(as of 1 January 2017)*:
  - Up to $38.80 for most PBS medicines
  - or $6.30 if you have a concession card
  - **PBS Safety Net:** once they *(or their immediate family)* have spent $1494.90 *(2017)* within a calendar year on PBS-listed medicines, patient then pays concessional co-payment rate

ADVANTAGES	DISADVANTAGES
Provides access to essential medication at a subsidised rate or in some cases, no cost.	Places a significant financial burden on the Commonwealth Government
Enables access to medications from local pharmacies and does not require medications to be purchased from specialised services	Does not generally cover all medications
Includes the PBS safety net and the RPBS to further protect people from the high cost of medication	For most Australians, there is still a co-payment of $38.80
Available to all Australian citizens, regardless of their age or income	
Provides additional support to those with concession cards by having lower co-payments	

HOW THE PBS PROMOTES HEALTH IN RELATION TO	
ASPECT	EXPLANATION
Funding	**Mental**: subsiding costs of medications – better afford needed medications → promote low levels of stress and anxiety associated with high costs **Spiritual**: subsiding costs of medications for individuals experiencing chronic conditions – these individuals can afford to manage conditions → experience peace and harmony in lives
Sustainability	**Physical**: PBS only adding medications efficient at treating conditions – government can afford to continue this scheme – afford to subsidise costs of medication for present and future generations → all people experience absence of illness **Spiritual**: only reliable medications added to PBS – ensures medications are effective – improving health of present can improve health of future – people less likely to need ongoing treatment → individuals live long and healthy lives, experiencing sense of peace and harmony
Access	**Physical**: aiming to make medications more affordable – more financially accessible – more people access medications to treat conditions → absence of illness and disease **Spiritual**: access subsidised medications at local pharmacies – quick and easy access without travelling far distances – individuals quickly treat condition → reduce time in poor health – promote sense of peace and harmony in their life
	Physical: $38.80 – rate still expensive for individuals (low ses) – cost barrier – less likely to purchase/access medications → illnesses not being treated – presence of illness or disease **Mental**: not all medications being PBS-listed – some medications for chronic conditions may not be subsidised – too expensive, financially inaccessible → high levels of stress and anxiety
Equity	**Physical**: Closing the Gap PBS co-payment program in 2010 – Aboriginal and Torres Strait Islander people provided with reduced costs for PBS medicines – program promotes equity – additional support given to one of the most disadvantaged population groups → encourage them to treat illness – absence of illness and disease **Mental**: concession rate – reduces payment for those with lower incomes – equitable as it reduces cost barrier for individuals who face stronger financial struggles → low levels of stress and anxiety

NATIONAL DISABILITY INSURANCE SCHEME

National Disability Insurance Scheme (NDIS): The National Disability Insurance Scheme (NDIS) is a national insurance scheme that provides services and support for people with permanent, significant disabilities, and their families and carers. The National Disability Insurance Agency (NDIA) was established in 2013 by the federal government as an independent agency responsible for implementing the NDIS. Funded by the federal and state/territory governments, the NDIS works to assist individuals with disabilities to live an ordinary life.

- **Funded by**:
  - Federal government
  - State/territory governments

Eligibility Criteria

- **Age**: under 65 years
- **Meet residency requirements**
  - Be an Australian citizen or hold a permanent visa or a Protected Special Category visa
  - Live in Australia where the NDIS is available
- **Meet disability requirements**
  - have an impairment or condition that is likely to be permanent
  - impairment substantially reduces your ability to participate effectively in activities, or perform tasks or actions *unless you have*:
    - assistance from other people or
    - you have assistive technology or equipment (other than common items such as glasses) or
    - you can't participate effectively even with assistance or aides and equipment
  - impairment affects your capacity for social and economic participation
  - likely to require support under the NDIS for your lifetime

Through the individualised plan, the NDIS assists participants to:

1. **Access mainstream services and supports**: These are the services available for all Australians from people like doctors or teachers through the health and education systems.
2. **Access community services and supports**: These are activities and services available to everyone in a community, such as sports clubs, community groups, libraries or charities.
3. **Maintain informal support arrangements**: This is the help that people get from their family and friends. It is support people don't pay for and is generally part of most people's lives.
4. **Receive reasonable and necessary funded supports**: The NDIS can pay for supports that are required for them to live an ordinary life and achieve their goals.

HOW THE NDIS PROMOTES HEALTH IN RELATION TO	
ASPECT	EXPLANATION
Funding	**Physical**: number of funding sources to maintain program → individuals being supported by this program to continue having support – perform daily activities or tasks – live ordinary life **Spiritual**: support members in living ordinary life and achieving goals → individuals covered may be funded and supported in their hopes of finding meaning and purpose in life
Sustainability	**Mental**: members under 65 years – younger people supported for longer period of time – support of NDIS have lasting effect on individual – present and future generations supported → individuals experience increase in self-esteem – support continues **Spiritual**: introduced over three years – ensures scheme will be successful and sustainable – funds won't be compromised for future generations but sustained – success means more individuals can participate in scheme → more people live ordinary life – find meaning and purpose
Access	**Social**: participants access community services and support – individuals increase social participation – meeting new people and forming relationships → supportive network of friends **Spiritual**: participants increasing economic participation – individuals supported in finding employment and accessing own income → job allow them to feel sense of purpose and meaning
	Physical: number of requirements for eligibility – many individuals denied support – individuals continue to live and struggle with disability → difficulty in performing daily activities or tasks **Mental**: application process being confusing for some individuals – not motivated to access this resource → process cause too much stress – high levels of stress and anxiety
Equity	**Mental**: equity – those who need most help – provided with more resources and support – participants feel supported → optimistic about ability to live ordinary life **Spiritual**: equity – help those who physically need it most → individuals being supported may be helped in finding meaning and purpose in life

PRIVATE HEALTH INSURANCE

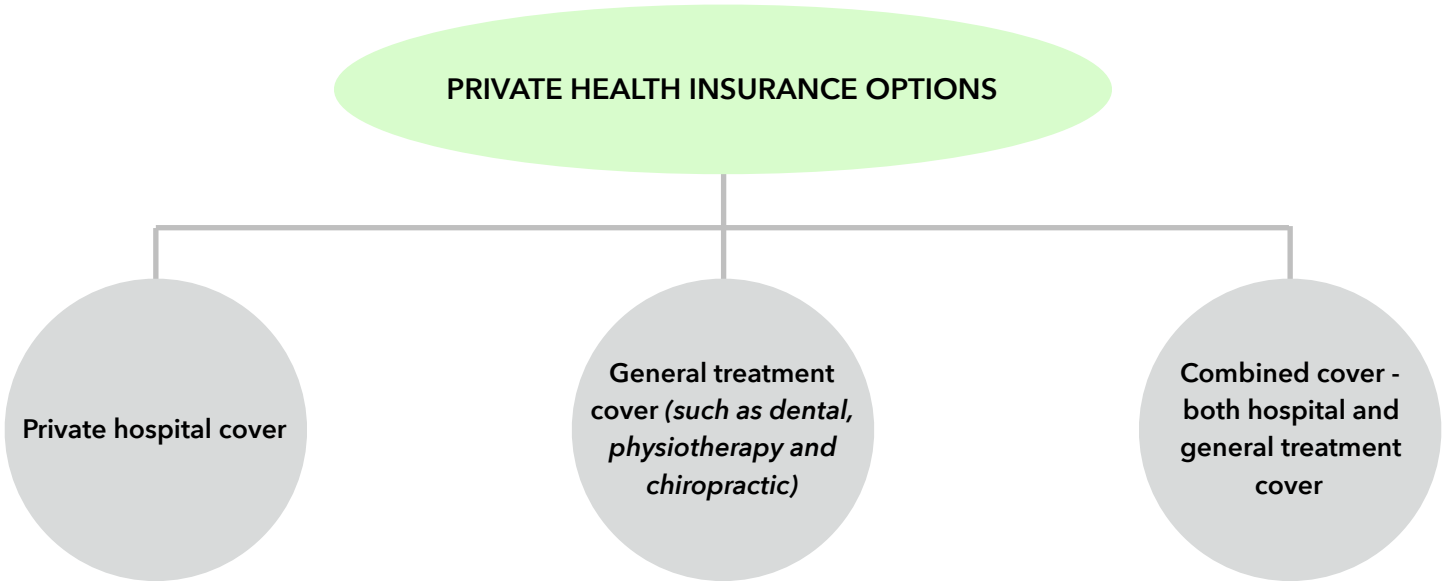
Private health insurance: a type of insurance under which members pay a premium *(or fee)* in return for payment towards health-related costs not covered by Medicare. It is an optional form of health insurance that can be purchased in addition to Medicare.

Premium: amount payed for insurance

- Non-government
- Private health insurance pays for patients to be treated in the private health system

- **Breakdown of fees paid for using private hospitals**
  - Medicare pays 75% of the doctor's schedule fee
  - Private health insurance pays the majority of the rest of the doctor's fees and some of the cost of accommodation
  - Patient may have to pay the gap

- **Two components of private health insurance:**
  1. Hospital cover
  2. Extras



- **Private health insurance incentives**
  1. **Private health insurance rebate:** rebate or refund on their premiums for private health insurance – *this rebate is income tested meaning that those with a higher income receive a lower rebate* (rebate can be collected at end of financial year at tax return)
  2. **Lifetime Health Cover:** People who take up private health insurance after the age of 31 pay an extra 2% on their premiums for ever year that they are over the age of 30. This encourages younger people to take up private health insurance and keep it for life.
  3. **Medicare levy surcharge:** People earning more than $90,000 a year ($180,000 for families) pay an extra tax as a Medicare levy surcharge if they do not purchase private hospital cover.

ADVANTAGES	DISADVANTAGES
Enables individuals to have access to private hospital care.	It is costly for individuals and families to pay for private health cover.
Helps the government to address the increasing cost of Medicare	There can be an out-pocket costs for some services in some polices.
If extras or ancillary policies are purchased, an individual can access wider range of services not covered by medicare.	Individuals mays feels that they are paying for services they don't use
Can avoid certain waiting lists	There may be a qualifying or waiting period for some procedures.
Select own doctor in public or private hospital	

HOW PRIVATE HEALTH INSURANCE PROMOTES HEALTH IN RELATION TO	
ASPECT	EXPLANATION
Funding	**Physical**: funded by members through premiums – government has increased healthcare funds to support health needs in public and private sector → achieve overall absence of illness **Mental**: Medicare subsiding costs of some private health costs – members can afford continuing having this additional insurance → members continue having more health services covered – reduced financial stress – low levels of stress and anxiety
Sustainability	**Physical**: private hospitals – reduced demand of public hospitals – people who rely on public health system can be treated sooner – this applies to current and future generation → aims to achieve absence of illness **Physical**: lifetime health cover incentive – young people encouraged to take out private health insurance – young generations now more likely to do this – help reduce demand of public health system long term → present and future generations able to seek healthcare – absence of illness
Access	**Physical**: high income earners take out private health insurance (medicare levy surcharge) – individuals of lower income have increased access to public healthcare system → can be treated sooner to have absence of disease and illness **Spiritual**: choose own doctor – meet social and cultural needs – individuals encouraged to access healthcare → have conditions treated while still acting according to values and beliefs
	Physical: confusing policies – individuals unable to understand policies – less encouraged to access private health – less encouraged to seek healthcare → don't treat conditions which may result in the presence of illness **Spiritual**: expensive – individuals need health services covered by private health, not medicare – unable to financially access these → experience poor quality of life – lack of peace and harmony
Equity	**Physical**: lifetime health cover incentive not applying to those above 65 years – equity – elderly individuals more encouraged to take out private health insurance → able to access advantages and better afford to treat conditions – absence of disease and illness **Mental**: rebate incentive – income tested – individuals with lower income receive a higher rebate – equitable rebate → lower levels of financial stress for those who face it

KEY KNOWLEDGE	KEY SKILLS
The role of health promotion in improving population health, focusing on **road safety**, including: - Why it was/is targeted - Effectiveness of the health promotion in improving population health - How the health promotion reflects the action areas of the Ottawa Charter for Health Promotion	• Apply the action areas of the Ottawa Charter for Health Promotion to a range of data and case studies

POPULATION HEALTH: more than the health of an individual
- *Refer to the health of a group or groups of people (dimensions and/or health status)*

WHY ROAD SAFETY IS TARGETED IN HEALTH PROMOTION

1. Significant contributor to mortality rates in Australia
- Since 1925: over 187000 deaths on Australia's roads

2. Road-related deaths and injuries affect some population groups disproportionately

3. Road crashes = deemed preventable as causes can be identified and targeted by health promotion activities (e.g. driver fatigue/distraction/error, non-compliance with road laws)
- Every day, an average of 4 people are killed and 90 are seriously injured from using Australia's roads

POPULATION GROUPS MORE LIKELY AT RISK OF ROAD SAFETY
- Males
  - 3.5x more likely to die on the road than females
- Indigenous Australians
  - Death rate for Indigenous males due to transport accidents was more than double the rate for non-Indigenous males
- People living outside Australia's major cities
  - Rates were more than 4x higher for those in remote areas compared to those living in major cities
- Low socioeconomic groups
  - Experienced a death rate 2.2 times higher than that for the highest socioeconomic group
- Young people
  - In 2015, 114 drivers aged 17–25 years were killed in road crashes. People in this age group account for 21% of drivers killed on Australia's roads yet represent only 16% of the adult population

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TOWARDS ZERO

INTRODUCTION

The 2016-20 Towards Zero Strategy and Action Plan is about ***saving as many lives and reducing as many serious injuries as possible***, as human health is more important than anything else. It takes a community approach to road safety, and the strategy is developed around the belief that everyone must take responsibility.

FIVE KEY ORGANISATIONS (– work together and oversee the Towards Zero program)
- VicRoads
- TAC (Transport Accident Commission)
- Department of Health and Human Services
- Department of Justice and Regulation
- Victoria Police

- **Principles:**
  - Human health is paramount
  - People make mistakes
  - People are fragile with limited tolerance to physical forces
  - Road safety is a shared responsibility
- **What they believe is needed:**
  - Safe roads
  - Safe vehicles
  - Safe speeds
  - Safe people

INITIATIVES

- Towards Zero public engagement program in rural Victoria – support safer speeds
- Doubling amount of hours of supervised night driving required from 10 to 20 hours
- Mandatory training for motorcyclists
- All drink drivers caught over limit being required to drive vehicles with alcohol interlocks
- Barriers/tactile centre and edge lines on more than 2500km of riskiest parts of high-speed rural roads
- Online medical reports to allow timely, high-quality assessments – help keep older drivers safer on roads
- New and intensive community engagement campaign to increase understanding of the impact of speed
- Practical safe driving program for secondary school students
- Removal of 50 of Victoria's most dangerous level crossings

SUCCESS

- 5 key organisations working together in planning, making decisions, overseeing the work of the program
- Some initiatives have already been achieved – proof of success of the program to achieve goal

INEFFECTIVE

- Meet Graham – the structure and idea of this creation may be too far from the understandings of individuals making it difficult for people to understand the purpose of him
- Promotions are not targeted at disadvantaged populations groups

IMPROVEMENTS IN HEALTH STATUS (injury and poisoning)

- **Biomedical**: better technology to diagnose injuries but technology results in high healthcare costs
- **Social**: seatbelts in 1970 but health promotions require a lot of careful planning to not be ignored

ACTION AREA	EXAMPLES RELATING TO TOWARDS ZERO
Build healthy public policy	• As a result of increasing the **number of hours of night driving required by learner drivers**, this requirement is likely to better prepare learner drivers for driving at night on their own, thus the Towards Zero program has built a healthy public policy.
Create supportive environments	• Through the **removal of 50 of Victoria's most dangerous level crossings**, Towards Zero is better protecting Australian pedestrians when crossing roads which is likely to increase their safety to create a safer environment, thus creating a supportive environment.
Strengthen community action	• Through there being **five key organisations** to oversee the Towards Zero program *(VicRoads, TAC, Department of Health and Human Services, Department of Justice and Regulation, Victorian Police)*, community members of these different organisations are working together in setting priorities, making decisions and planning strategies to increase road safety and achieve Towards Zero's goals of better health for the population, thus it strengthens community action.
Develop personal skills	• Through Towards Zero introducing **mandatory training for motorcyclists**, these individuals are able to be better educated on safe driving behaviours when riding a motorcycle on the roads, thus these individuals may develop their personal skills.
Reorient health services	• As a result of Towards Zero creating a better system of online medical reports, doctors are working to prevent fatalities among older drivers by ensuring details about their health are easy to access to make timely and high-quality assessments, therefore this reorients health services.

KEY KNOWLEDGE	KEY SKILLS
Initiatives introduced to bring about improvements in Indigenous health and wellbeing in Australia and how they reflect the action areas of the Ottawa Charter for Health Promotion	• Evaluate initiatives in terms of their capacity to improve Indigenous health and wellbeing

CLOSING THE GAP (2008 to 2018)

The 'Closing the Gap' initiative, developed in March 2008, refers to the Council of Australian Governments (COAG), which includes Australian, state, territory and local government representatives, along with Indigenous leaders, who have agreed **'to work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by the year 2030'**.

TARGETS: *(didn't meet all targets by 2018)*

- **On track**: year 12 attainment gap, early education gap, child mortality gap
- **Not on track**: employment gap, literacy gap, school attendance gap, life expectancy gap

CLOSING THE GAP REFRESH (2019 to 2030)

The Closing the Gap initiative will become a **strengths-based approach** and Aboriginal and Torres Strait Islander peoples will be at the heart of the development and implementation of the next phase of Closing the Gap. The initiative is to be guided by the principles of empowerment and self-determination and deliver a community-led, strengths-based strategy that enables Aboriginal and Torres Strait Islander peoples to move beyond surviving to thriving.

- **AIM**: meet targets of the Closing the Gap in a different way

- *Priority areas for the next phase of Closing the Gap: – all priority areas are important and interconnected*
  - Families, children and youth
  - Housing
  - Justice, including youth justice
  - Health
  - Economic development
  - Culture and language
  - Education
  - Healing
  - Eliminating racism and systemic discrimination

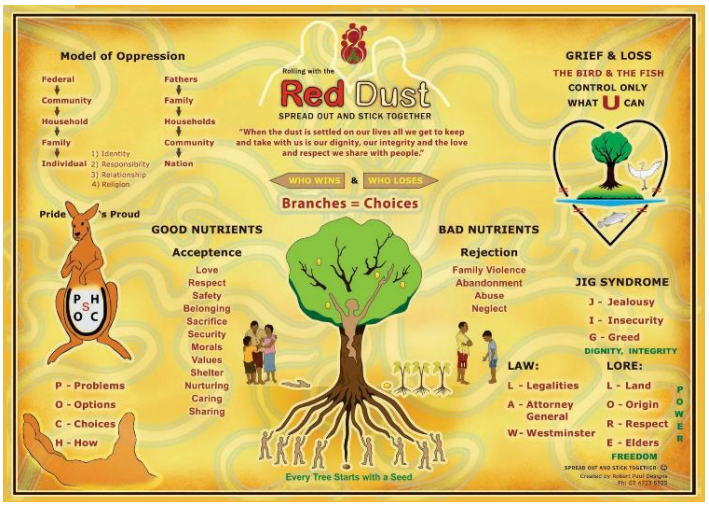
IMPROVEMENTS OF CLOSING THE GAP TO FORM CLOSING THE GAP REFRESH

- Recognising rich cultural strengths as well as the need for targeted approaches to address disadvantage in these areas
- Greater focus on long term and future generation – prevention/early intervention initiatives rather than treatment
- Aligned to community's priorities, greater community led, adds to current policies and programs

Outcome statement	Desired outcome	Draft COAG Targets
Health Aboriginal and Torres Strait Islander people are healthy, well and safe	Aboriginal and Torres Strait Islander people enjoy long and healthy lives	**Commonwealth-led** **Existing target:** Close the gap in life expectancy between Aboriginal and Torres Strait Islander and non-Indigenous Australians within a generation, by 2031
	Aboriginal and Torres Strait Islander children are born healthy and strong	**Commonwealth-led** By 2028, 90-92 per cent of babies born to Aboriginal and Torres Strait Islander mothers have a healthy birthweight

RED DUST HEALING

Red Dust Healing is founded on a cultural belief that we are one people, one mob who do not own but belong to this land. The program facilitates the understanding of "Rejection" and "Grief and Loss" being the foundation of all hurt. The program targets Indigenous people but also non-Indigenous people as rejection knows no boundaries. Participants are encouraged to examine their own personal hurt which allows them to heal, and the program identifies the emotions felt as the victim and then the hurt caused as the perpetrator.



- ***Four main areas***: Healing, Pro-Social Modelling, Professional Development, Cultural Awareness

- **LAW** *(Legalities, Attorney General, Westminster)* vs.
- **LORE** *(Land, Origin, Respect, Elders)*

- **IMPROVE INDIGENOUS HEALTH AND WELLBEING**
  - Tree with good nutrients and bad nutrients – understand own choices as individuals – appeals to cultural values of group (spirituality stems from the land) – **sense of belonging** (spiritual h/w)
  - Tree of "good nutrients" representing good values, such as love, and "bad nutrients" representing bad values, such as rejection – better understand themselves as individuals – improve ability to **recognise emotions** – then improve ability to **manage and express** those (emotional h/w).

- **EFFECTIVENESS**
  - Support centred around a tree – concept relates to spiritual beliefs (spirituality = connection to land) – tree suits cultural understanding of participants
  - ***Example of success***: Karimah had experienced "bullying" and been in "toxic relationships" throughout her life before Red Dust Healing, however through the program's support helping her to talk and heal, Karimah was given "courage and confidence" (mental health and wellbeing).

ACTION AREA	EXAMPLES RELATING TO RED DUST HEALING
Create supportive environments	• As a result of the Red Dust Healing program being run by and available to Aboriginal and Torres Strait Islander people, the program acts as a culturally appropriate safe space for its members to freely discuss their stories and personal issues to help them improve their health and wellbeing, thus the program has created a supportive environment.
Strengthen community action	• Through the Red Dust Healing program being run by and available to Aboriginal and Torres Strait Islander people, the members are working together to improve the health and wellbeing of the Aboriginal community. Participants may then be trained to become a part of the program to help other Indigenous people, thus it strengthens community action.
Develop personal skills	• Through the Red Dust Healing program supporting Aboriginal and Torres Strait Islander people in recognising their emotions visually with a tree which holds good nutrients, which represent values of acceptance, and bad nutrients, which represent values of rejection, participants may be able to improve their ability to recognise, manage and express their emotions allowing them to increase their emotional health and wellbeing, thus developing their personal skills.

ABORIGINAL ROAD TO GOOD HEALTH PROGRAM

The 'Aboriginal Road to Good Health' program is a type 2 diabetes prevention program for Victorian Indigenous people and their families. It encourages participants to make sustainable lifestyle changes, like being more physically active and making healthy food and drink choices to reduce the risk of developing type 2 diabetes and other conditions such as heart disease and high blood pressure. It is free and run in a number of communities across Victoria by Indigenous health workers and other health professionals.

- ***Key messages from the program:***
  - How different foods affect h/w
  - What food is good, cheap and easy to make
  - How to spend food money wisely
  - How to maintain a healthy weight
  - What to look for on a food label
  - How to get active and stay on track
  - How to choose healthy foods
  - How to prevent diabetes

- **IMPROVE INDIGENOUS HEALTH AND WELLBEING**
  - How to maintain a healthy weight – educated on how to do this through physical activity/healthy food and drink choices – achieve **appropriate body weight** (physical h/w).
  - Get active and stay on track – participants engage in more regular physical activity – encourage Indigenous participants to feel positive about health – **positive thought patterns** (mental h/w)

- **EFFECTIVENESS**
  - Free – removes cost barrier – enables them to participate
  - Indigenous health workers – participants feel supported/safe – supportive environment
  - Address diabetes – significant health issue – increase life expectancy, reduce gap *(COAG target)*
  - Participants join <u>but</u> can choose not to follow through with sustainable lifestyle changes – still at risk of developing type 2 diabetes and other conditions – presence of disease and illness (physical h/w)

ACTION AREA	EXAMPLES RELATING TO ABORIGINAL ROAD TO GOOD HEALTH PROGRAM
Build healthy public policy	• Through the Aboriginal Road to Good Health program being free, this policy for the program enables more Indigenous people to participate to reduce their risk of developing type 2 diabetes and other conditions such as heart disease and high blood pressure, thus the program has built a healthy public policy.
Create supportive environments	• The program is run by health professionals, and this includes some Indigenous health workers which may allow participants to feel more supported and safe with other Indigenous people, thus creating a supportive environment.
Strengthen community action	• The Aboriginal Road to Good health program is run by Indigenous health workers to reduce the risk of type 2 diabetes for the Indigenous community, therefore it is strengthening community action.
Develop personal skills	• The Aboriginal Road to Good Health program educates Indigenous people on making sustainable lifestyle changes including being more physically active and making healthy food/drink choices to reduce the risk of developing type 2 diabetes and other conditions, thus the program is developing their personal skills.
Reorient health services	• The Aboriginal Road to Good Health program is run by Indigenous health workers and other health professionals, thus these individuals are moving from their usual treatment occupation to one that is of a health educator role, thus this program is reorienting health services.

OTHER INITIATIVES TO IMPROVE INDIGENOUS HEALTH AND WELLBEING

FEEDIN' THE MOB

- 'Feedin' the Mob' is a nutrition, physical activity and healthy lifestyle program for Indigenous Australians in the City of Whittlesea, Victoria. It is based at Plenty Valley Community Health and is funded by the federal government and supported by Whittlesea Council through its Healthy Communities initiative. Feedin' the Mob encourages the community to be involved in activities that draw on local culture and teaching the benefits of healthy eating and lifestyle. The target audiences are teenagers, parents and carers, people living with chronic illness and Elders. The project includes a community garden, cooking classes and information sharing about primary healthcare and the prevention of chronic disease.

ABORIGINAL QUITLINE

- Aboriginal Quitline is a telephone counselling service that provides confidential support for Indigenous Australians who want to quit smoking. The service is available to clients in Victoria, New South Wales, and Queensland. Aboriginal Quitline staff are professionals with specialist training to help people quit smoking in a culturally appropriate way. Counsellors provide callers with a plan for quitting that is tailored to their individual needs, as well as information on different quitting methods and products. Counsellors can also provide callers with links to local support groups if requested.

- **Reasons why a program is judged to be effective or ineffective should be included and can be based on:**
  - Actual improvements in health and wellbeing that have been made as a result of the initiative
  - The number of people who have accessed or been involved in the initiative
  - Feedback provided by participants
  - Action areas of the Ottawa Charter that are evident in the initiative, including:
  - The provision of education
  - The involvement of various stakeholders and other concerned groups in the planning and implementation of the initiative
  - Whether the program is culturally appropriate for Indigenous Australians, including the consultation, use and training of Indigenous personnel in planning and delivering the program
  - Whether the program has taken the specific needs of the target group into account, including the specific needs relating to the health and wellbeing of Indigenous people
  - Funding that has been provided to implement the program
  - Whether the program addresses a significant health issue for Indigenous Australians and why it is important to address this issue
  - In many cases, using one of these considerations will not be enough to justify a judgement. As a result, a range of reasons should be used to add depth to the response.

KEY KNOWLEDGE	KEY SKILLS
Initiatives to promote healthy eating in Australia including Australian Dietary Guidelines and the work of Nutrition Australia, and the challenges in bringing about dietary change	• Draw conclusions as to why dietary improvements are difficult to achieve in Australia

AUSTRALIAN DIETARY GUIDELINES

The Australian Dietary Guidelines were developed by the National Health and Medical Research Council (NHMRC), a federal government body, and was reviewed and updated in 2013. The Australian population has experienced an increase in diet-related conditions and diseases, and the guidelines are designed to address the causes of the increase. The guidelines are intended to be used by health professionals, educators, industry bodies and other parties interested in promoting healthy eating. They are aimed at all people in the general healthy population, including those with common diet-related risk factors such as being overweight, but not for those with serious medical conditions, such as type 2 diabetes, who require specialised dietary advice.

AUSTRALIAN DIETARY GUIDLINES	
GUIDELINE 1	**To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.** - Children and adolescents should eat sufficient nutritious foods to grow and develop normally. They should be physically active every day and their growth should be checked regularly. - Older people should eat nutritious foods and keep physically active to help maintain muscle strength and a healthy weight.
GUIDELINE 2	**Enjoy a wide variety of nutritious foods from these five groups <u>every day</u>;** *vegetables and legumes/ beans, fruit, grain (cereal) foods, lean meats and alternatives, and milk, yoghurt, cheese and/or their alternatives* **And drink plenty of water.**
GUIDELINE 3	**Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.** • Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks. - Replace high fat foods which contain predominantly saturated fats *(butter, cream, cooking margarine, coconut and palm oil)* with foods which contain predominantly polyunsaturated and monounsaturated fats *(oils, spreads, nut butters/pastes, avocado)* - Low fat diets are not suitable for children under the age of 2 years. • Limit intake of foods and drinks containing added salt. - Read labels to choose lower sodium options among similar foods. - Do not add salt to foods in cooking or at the table. • Limit intake of foods and drinks containing added sugars such as confectionery, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks. • If you choose to drink alcohol, limit intake. For women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option.
GUIDELINE 4	**Encourage, support and promote breastfeeding**
GUIDELINE 5	**Care for your food; prepare and store it safely**

- Guidelines **2** and **3** reflect the Australian Guide to Healthy Eating
- These will be the guidelines we focus on

IMPORTANCE OF SERVING SIZES

- Allow you to make informed decisions about your food intake
- Individual won't over or under consume any of the food groups
  - → *To help people consume the required number of serves from each food group, examples of foods making up one 'serve' are also provided in the guidelines*

FOOD GROUPS *(GUIDELINE 2)*

- **VEGETABLES AND LEGUMES/BEANS:**
  - Low in fat, low in energy (kilojoules)
  - Provide carbohydrates *(body's preferred source of energy production)*
  - Fibre – maintains healthy digestive system, creates feeling of fullness
  - Antioxidants – reduce impact of free radicals and risk of cardiovascular disease and cancer
  - → Reduced risk of obesity, some cancers, cardiovascular disease, type 2 diabetes

- **FRUIT**
  - Low in fat, provide carbohydrates, major source of fibre and antioxidants
  - → Lower rates of some cancers, obesity, cardiovascular disease, type 2 diabetes, improved functioning of body systems *(such as the immune system)*

- **GRAIN (CEREAL) FOODS**
  - ‣ Wholegrain and/or high cereal fibre foods (breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa, barley)
  - Good sources of carbohydrates and fibre, low in fat
  - → Decreased risk of obesity, colorectal and other cancers

- **LEAN MEATS AND ALTERNATIVES**
  - ‣ Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
  - Source of protein, vitamins, minerals, essential fatty acids
  - → Protein – maintains healthy cells, tissues, systems – optimal functioning of many body systems *(such as immune, cardiovascular)*
  - → Fish, nuts, seeds – monounsaturated and polyunsaturated fats – decrease risk of cvd (lowers levels of low-density lipoprotein)

- **DAIRY PRODUCTS AND ALTERNATIVES (REDUCED FAT)**
  - ‣ Milk, yoghurt, cheese + alternatives
  - Protein, calcium – bone health
  - → Decreased risk of cardiovascular disease, some cancers, type 2 diabetes, osteoporosis

- **WATER**
  - Digestion, waste removal and chemical reactions
  - → Well-functioning body systems, reduced risk of weight gain *(and associated conditions – cardiovascular disease, some cancers, type 2 diabetes)*
  - → Decrease risk of dental caries – no sugar

AUSTRALIAN GUIDE TO HEALTHY EATING

Developed by: The Federal Government

The Australian Guide to Healthy Eating is a food selection tool incorporated into the Australian Dietary Guidelines. It is intended to be used by consumers to assist them in planning, selecting and consuming adequate proportions of foods from the five food groups. The Australian Guide to Healthy Eating is a visual tool that reflects the recommended dietary advice detailed in Australian Dietary Guidelines 2 and 3.

The Australian Guide to Healthy Eating is a pie chart divided into five wedges, each representing one of the five food groups, and the size of each wedge reflects the proportion of that food group that should be consumed on a daily basis.

SECTIONS:

- Yellow – 30–35% – grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties
- Dark Green – 30% – vegetables and legumes/ beans
- Light green – 10–12% – fruit
- Blue – 15% – lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/ beans
- Purple – 10–12% – milk, yoghurt, cheese and/ or alternatives, mostly reduce fat

Outside of the pie in the bottom left corner includes food products such as margarine and oil, and it says "use small amounts". Outside of the pie on the bottom right corner includes discretionary food such as juice, soft drinks, biscuits such as Tim tams, and meats such as salami, and it says "only sometimes and in small amounts" referring to how it should be consumed. Outside of the pie in the top right corner is a glass of water with a tap, and in the top left it says "drink plenty of water".

NUTRITION AUSTRALIA

Nutrition Australia is Australia's major community education body for nutrition. Established in 1979, Nutrition Australia is represented by a wide range of members from the community and services all of Australia. Nutrition Australia's mission is to promote optimal health and wellbeing for all Australians by encouraging food variety and physical activity. This is a non-government organisation.

OBJECTIVES:

- Act as a source of scientific information on key nutrition issues
- Produce and disseminate material on nutrition to policy makers, the media, educators, the food industry and consumers
- Act as consultants to government departments, the food industry and consumer groups as required on issues related to food and nutrition
- Encourage innovation in the dissemination of nutritional knowledge

INITIATIVES

- **Nutrition Seminars and Workshops (health and wellbeing programs)**
  - Nutrition Australia dieticians and nutritionists conduct a range of seminars to provide education to workplaces and members of the public wanting to improve their diet.
  - ***Examples of seminar topics include:***
  - → Superfoods or super-myths
  - → Boost Your Energy
  - → Food Variety and Physical Activity
  - → Weight for a Change
  - → Understanding Food Labels
  - → Spend Right Eat Right
  - ***Examples of healthy eating demonstrations in workplaces include:***
  - → Cooking demonstrations
  - → Health displays
  - → One-on-one consultations
  - → Menu, catering and vending machine assessments

- **Healthy Eating Advisory Service**
  - Funded by Victorian Government
  - Delivered by Nutrition Australia Vic Division
  - Promotes consumption of healthy food and drinks in early childhood services, schools, hospitals and workplaces
  - Services provided include:
  - → Phone advice and support to assist in providing nutritious, tasty and cost-effective food and drink choices, including assistant with menu planning
  - → Staff training on developing and modifying menus, menu assessments, considering options for healthy vending machines and developing a healthy food policy
  - → Training for cooks, chefs, food service and other key staff to produce healthy food options
  - → Advice to the food industry and health professionals to promote healthy eating in these settings

- **Publication of Recipes**
  - Hundreds of healthy recipes are provided free of charge on the Nutrition Australia website, and cookbooks reviewed by Nutrition Australia are available for purchase. Recipes are available for breakfast, snacks, lunch, dinner, sweets, salads and condiments.
  - → Vegetable fritters (snack/breakfast)
    - Try using wholemeal self-raising flour to add even more fibre
    - These can be cooked the night before, refrigerated and eaten cold the next day *(guideline 5)*

HEALTHY EATING PYRAMID

Developed by: Nutrition Australia

The Healthy Eating Pyramid is a simple visual guide to the types and proportion of foods that individuals should eat every day for good health and wellbeing. Based on the Australian Dietary Guidelines, it contains the five core food groups, plus healthy fats, according to how much they contribute to a balanced diet. The Healthy Eating Pyramid encourages Australians to enjoy a variety of foods from every food group, every day, by showing four layers with different food groups in each, representing the proportion in which each should be consumed.

This food model is shaped as a pyramid with four levels.

- The bottom layer, part of the pyramid's foundation, is vegetables and legumes, and includes a smaller area in the layer sectioned off on the right for fruit.
- The layer above is the grains.
- The bottom two layers contain foods of plant origin.
  - Carbohydrates, fibre, vitamins, minerals

- Next layer is sectioned into two halves. The left half is the milk, yoghurt, cheese and alternatives food group. Then right half is lean meat, poultry, fish, eggs, nuts, seeds and legumes food group.
  - Left: protein, calcium, vitamins, minerals
  - Right: protein, healthy fat, iron

- Top layer is for healthy fats
  - Monounsaturated and polyunsaturated fats

- Below on the right of the pyramid it promotes choosing water through a picture of a glass of water and a green tick next to it with the words "choose water",
  - No sugar (choose water over sugary drinks)

- and below on the left of the pyramid it allows for consuming herbs and spices with a pictures of some herbs and spices, and the words "enjoy herbs and spices".
  - This form of flavour is preferable to adding salt, sugar and/or fat

- Then on the top left of the poster it says "limit salt and added sugar", with a picture of a salt and sugar and a red cross next to it
  - Sodium but not too much

- Below the pyramid it says "Enjoy a variety of food and be active everyday".

WHY DIETARY IMPROVEMENTS ARE HARD TO ACHIEVE

PERSONAL PREFERENCE

- Prefer certain foods to others (may be a result of factors such as taste preferences and past experiences)
- Foods high in fat, salt, sugar = known as flavour enhancers – stimulate taste buds and the brain's reward system by releasing dopamine, one of the body's feel-good chemicals
- This cycle can create cravings for foods containing these substances – make dietary change challenging for some
- Taste preference often established over a long period of time – difficult to change

ATTITUDES AND BELIEFS

- Individual has not tried a variety of healthier food options – may believe that they are bland or tasteless
- Many believe the negative effects of unhealthy food consumption will affect them – reduced likelihood of these individuals trying new, healthier foods
- Many people only consume foods based on philosophical beliefs (vegetarianism, only Australian-made products, etc.) – products can be beneficial but a range of other factors can influence the specific foods these people consume so their overall intake may not be considered healthy – restrictions on food options can make a balanced diet and following nutritional advice difficult (sugar-free, paleo diets, etc.)

WILLPOWER

- 'the ability to resist short-term temptation in order to meet long-term goals'
- May discard certain foods at home to resist temptation
- But in situations, such as parties, choosing healthy foods can be challenging
- Exposure to these foods can provide a challenge to achieve lasting dietary change

FOOD SECURITY

- Food security exists 'when all people, at all times, have access to sufficient, safe and nutritious food to meet their dietary needs for an active and healthy life'
- Includes having enough money to afford nutritious foods and the means to access them, including geographical access and transport

TIME CONSTANTS AND CONVENIENCE

- More time spent working (parents of families), less time preparing food – convenience foods consumed due to lack of fresh ingredients to prepare a meal from scratch
- Jobs (truck drivers, tradies) may rely on foods offered from outlets near their place of employment (fast food is often more convenient)
- Living in close proximity to fast food
- Suburbs where socio-economic advantage is greater has the highest number of fast-food outlets

EDUCATION, NUTRITION KNOWLEDGE AND COOKING SKILLS

- Lack of this often predisposes people to consume unhealthy meals
- Lack of education: do not have the skills to accurately asses their current food intake, believe they are consuming healthy foods
- Lower levels of education, nutritional knowledge and cooking skills can mean that even people who want to change their dietary choices may lack the resources to do so

FAMILY, CULTURE, SOCIETY AND RELIGION

- Cultural and religious backgrounds of family may include ties to traditional foods
- Family influences also play a role in shaping the personal preferences that people have in relation to food

- Childhood = food preferences often established
- Familiarity with specific foods may make it difficult to change to other, non-familiar food items
- People whom an individual consumes food with may influence their food choice (specifically children and young people – choose food based on friends)

FOOD MARKETING AND MEDIA

- Information provided through marketing and media can create conflicting messages for individuals, potentially affecting their ability to choose healthy foods
- Messages provided through food marketing can cause confusion for many, especially children, if they are unable to distinguish between advertising and the presentation of factual information
- Food marketing and the media influence food trends in Australia. Reality cooking shows, for example, have contributed to an increased interest in food, particularly among young people. While these trends can promote healthy eating, the dominance of fast-food outlets in marketing often counteracts any positive effects

HEALTH AND WELLBEING FACTORS

- Health and wellbeing experienced by individuals can influence the foods they consume
- People may avoid a food due to allergy or intolerance – omitting these foods may contribute to difficulty in following health promotion initiatives such as the Healthy Eating Pyramid and the Australian Dietary Guidelines, especially if the individual lacks the knowledge of substitutes that provide the nutrients they may be lacking.
- Foods that trigger the release of dopamine – eat this food when they have a bad day or feel down