# PDHPE

## BETTER HEALTH FOR INDIVIDUALS

## What does health mean to individuals?

<u>Meanings of heath</u>

‣ Definitions of heath
- ‣WHO definition: **"...a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity."**
- ‣Health definitions have changed over time; up until mid 20th century, health was seen as the 'absence of illness or disease'
- ‣Later in 20th century view of health altered
- ‣Health has different meanings to different people

‣Dimensions of health
- ‣Closely interrelated: change in one dimension leads to change in others



- ‣**Physical:** the physical matter of the body and its functions
  - ‣Depends on level of fitness, energy levels, size, weight, movement capacity and level of physical disease or disability
- ‣**Social:** the way people interact with others
  - ‣Depends on personality of individual and opportunities for social development
- ‣**Emotional:** the way a person reacts to a stimulus within their life
  - ‣Maintain a realistic perspective of a situation, manage feelings appropriately and develop resilience
- ‣**Mental:** similar to emotional, determines individuals self confidence, coping abilities and problem management
- ‣**Spiritual:** moral or religious wellbeing, or a deep sense of life's purpose and being in harmony with oneself and surroundings

• The concept of good health relies on all the dimensions interacting positively.

‣Relative and dynamic nature
> ‣**Relative nature:** a persons health status in comparison to others', or another time or place. Health differs from time to time, and from person to person
> ‣**Dynamic nature:** changes in health status that occurs at any point in a persons lifetime. Can be **acute** (minute to minute) or **chronic** (over long period of time). Health is constantly changing

- Health	continuum: measures health status of an individual at any point in	time



  Poor                   Excellent

- Health changes over time; as individuals develop, grow and age, their understanding of health changes
- An individuals circumstances can affect their health as they become influenced by the **physical**, **sociocultural**, **socioeconomic** and **sociopolitical** environments. Health status is determined by both hereditary and environmental factors. Their 'circumstances' are a result of the environment in which they live.
  - **Physical:** developments in medical science, housing, sanitation and water has improved living standards; however, physical threats such as pollution of air, water, noise and contamination is detrimental to health
  - **Sociocultural:** inequalities exist within different groups in Australia, which create different circumstances for each group. Ethnicity, gender, education/employment/financial status and geographic location contribute to a persons sociocultural circumstances
  - **Socioeconomic:** Low SES (status) has a detrimental effect on health. Low SES sufferers experience lack of materials and resources to improve health outcomes
  - **Sociopolitical:** policies and laws that affect the community. Governments decide where money will be spent on health, leading to some groups becoming disadvantaged

## Perceptions of health
‣Different people have different understandings of the meaning of health
‣A number of factors contribute to an individuals perception of health: age, gender, education, socioeconomic status, sociocultural status, heredity and lifestyle
‣Perceptions of health are shaped by an individual's life experiences.
‣Health is more likely to be perceived positively when the basic requirements for self-esteem and a sense of belonging are being met.
‣Perceptions of the health of others can be influenced by stereotypical views, but also by personal experience of other groups of people.
‣The media and peers have a powerful influence on the individual's perceptions of health by modeling and promoting both positive and negative health behaviours.
‣An individual who does not understand the impact of risk behaviours or is unable to identify the determinants of poor health is most likely to continue to put their own health at risk.

## Health behaviours of young people

‣Young people in Australia today enjoy excellent health status.

‣Good health for young people translates to good health throughout life.

‣Areas of health behaviour that can harm or enhance the health of young people include overweight, physical activity, nutrition, sun protection, substance abuse, mental health, sexual and reproductive health and road safety.

‣Relatively small number of risk behaviours contribute to a large amount of disease experienced by young people

‣Relatively small number of protective behaviours contribute to good health

‣When multiple factors interact the effect on the individual's health is even greater.

# What influences the health of individuals?

## Determinants of health
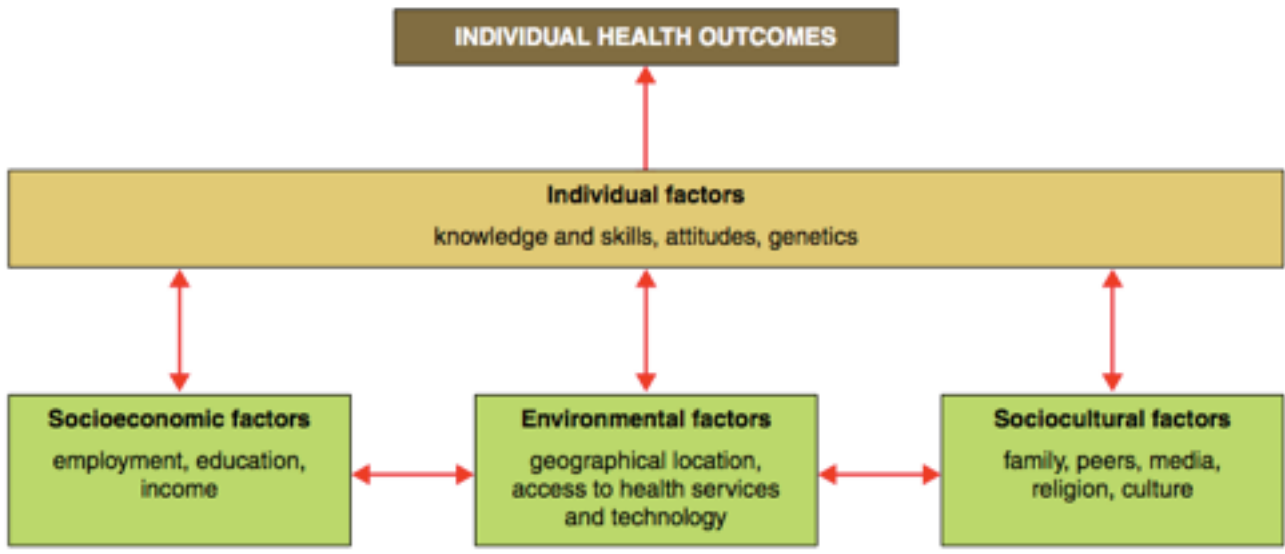


▸Multi-casual: result of many factors combining
▸Individual
 ▸Knowledge- of health issues.
  ▸Media, internet, tv, health ed, info from professionals all contribute to individuals knowledge
  ▸Assists individual in making positive health choices
 ▸Skills-
  ▸Good communication skills
  ▸Assertiveness
  ▸Literacy
  ▸Interpersonal skills
  ▸Decision making
  ▸Problem solving
  ▸Coping strategies and stress management
 ▸Attitudes
 ▸Genetics
▸Sociocultural
 ▸Family
 ▸Peers
 ▸Media
 ▸Religion
 ▸Culture
▸Socioeconomic
 ▸Employment
 ▸Education
 ▸Income
▸Environmental
 ▸Geographical location
 ▸Access to health services
 ▸Technology

## Degree of control individuals can exert over their health

‣ Modifiable/non-modifiable determinants

| NON-MODIFIABLE | BROADER FOCUS | NARROWER FOCUS | HIGHLY MODIFIABLE |
|---|---|---|---|
| age | peace | housing | diet |
| gender | health services | education | exercise |
| ethnicity | social structure | family influence | tobacco use |
| family history | political conditions | socioeconomic status | drug use |
| cultural heritage | | | stress management |

LESS MODIFIABLE ← → MORE MODIFIABLE — MORE DIFFICULT TO MODIFY

‣E.g: an individual could modify their diet to improve health - replace junk food with healthy food
‣Modifiable and non modifiable determinants can change over time due to changes in individual, SE, SC and environmental factors
  ‣Mothers sacrificing work and income in favour of caring for baby > less money for health products and services. Access to health services becomes critical determinant at this stage
  ‣Child/young adult, individual factors become more influential. Children are influenced by families, young people by peers and social pressures. Growing older = more control over determinants
  ‣Working adult: employment = main issue, and is therefore main determinant

## Health as a social construct

‣**Social construct:**
  ‣Individual makes own view/meaning of health based on personal circumstances and experiences
  ‣Different people = different experiences = different meanings and views of health
  ‣Health does not have one solid definition - means different things to different people
‣**Upstream determinant:**
  ‣Broad environment/society features which do not affect health directly, but can affect downstream determinants
    ‣Quality of environment, government policy
‣**Downstream determinants:**
  ‣Affect individuals more closely and immediately - health behaviours which affect health directly
    ‣Sun protection strategies, choosing not to smoke

# What strategies help to promote the health of individuals?

## What is health promotion

‣Health promotion
- ‣Aims to achieve best possible health for everyone
- ‣Requires sustained change
- ‣Change also depends on social aspects
- ‣Intervention: individual and social change
- ‣Preventive actions rather that treatment
- ‣Changing social, environmental, economic conditions

‣Responsibility for health promotion
- ‣Cooperative action
    - ‣Sharing energy, resources, roles, responsibility, expertise
    - ‣Achieving common goals
    - ‣Addressing wider range of determinants
    - ‣Increased likelihood of improvements
- ‣**INDIVIDUALS:**
    - ‣"I am responsible for my own health"
    - ‣Individual behaviour change = critical in health promotion process
    - ‣Responsibility to themselves and to others to support good health
    - ‣Health improves if:
        - ‣Informed
        - ‣Active in own health ed
        - ‣Safe and healthy behaviour
        - ‣Role model
        - ‣Create supportive env that are protective of health
        - ‣Participate in community activities (have your say)
- ‣**COMMUNITY GROUPS/SCHOOLS**
    - ‣Represent local residents with common needs
    - ‣Need to understand specific needs of group, make appropriate services available
    - ‣Health improves when
        - ‣Identify priorities and values
        - ‣Give residents control over decisions
        - ‣Access
        - ‣Work proactively
        - ‣Develop partnerships > better access
- ‣**NGOs**
    - ‣Lobby groups, special interest groups, political pressure e.g Cancer Council, Heart Foundation, Asthma Australia
    - ‣Established to influence governments
    - ‣Targets specific problem/issue
    - ‣Responsibilities:
        - ‣Collect info
        - ‣Advise governments/health authorities
        - ‣Lobby
        - ‣Provide info, services, support
        - ‣Raise awareness
    - ‣Universities and research institutes play similar roles

▸**GOVERNMENT**

| Responsibilities | | |
|---|---|---|
| **Federal** | **State** | **Local** |
| • Respond to policies by WHO<br>• Formulate national health policies<br>• Design, implement health promotion initiatives<br>• Support research programs<br>• Fund states<br>• Strengthen national approach - preventative attitudes/actions | • Deliver primary health services<br>• Implement campaigns and initiatives<br>• NSW syllabus<br>• 'translate' national initiatives into state and local campaigns | • Regulatory tasks-<br>  • Food safety<br>  • Sewage management<br>  • Water quality<br>  • Disease control<br>• Implement state and national campaigns<br>• Safety promotion<br>• Urban planning- phys activity |

▸**INTERNATIONAL ORGANISATIONS**
- ▸Direction and coordinating authority
- ▸WHO's agenda:
    - ▸Health objectives
        - ▸Promoting development
        - ▸Fostering health security
    - ▸Strategic needs
        - ▸Strengthening health systems
        - ▸Harnessing research
    - ▸Operational approaches
        - ▸Enhancing partnerships
        - ▸Improving performance

## Health promotion approaches and strategies

▸**Lifestyle/behavioural approaches**
- ▸Aims to change individuals health behaviours and lifestyle choices
    - ▸Educate - healthy lifestyles
    - ▸Through health ed, public health msgs
    - ▸Con: only focuses on individuals, not considering other factors (environmental, social)
        - ▸QUIT programs: individual may quit themselves, but are still surrounded by smoker friends > sustained change not likely

▸**Preventive medical approaches**
- ▸Aims to prevent illness and disease before it occurs
    - ▸Physical view of health (absence of disease)
    - ▸Primary prevention: targets whole population
    - ▸Secondary prevention: targets specific groups with increased risk factors eg breast cancer screening for women between a certain age
    - ▸Con: cannot treat/prevent lifestyle illness

▸**Public health approaches**
- ▸Aims at social and structural change
- ▸Addresses social determinants
- ▸Hollistic view of health
- ▸Combines both approaches
- ▸Health promoting schools
    - ▸Curriculum
        - ▸Compulsory PE
        - ▸Health topics in other subjects
    - ▸School organisation
        - ▸Shady areas
        - ▸Healthy canteen
        - ▸Physical activity areas
    - ▸Partnerships and services
        - ▸Healthy Harold
        - ▸Blood donor
        - ▸Alliances formed with health welfare and local community agencies
    - ▸EXAMPLE OF PROGRAM DEVELOPED FROM HEALTH PROMOTING SCHOOLS FRAMEWORK: MindMatters
    - ▸Provides schools with:
        - ▸Curriculum resources -resilience, connectedness, help seeking skills, understanding of mental health
        - ▸Review school practices affecting mental health, support policy and curriculum change
        - ▸Info on how to involve/consult others in mental health promotion (parents, external agencies etc)
- ▸Health promoting workplace
    - ▸Directly influences total health wellbeing
    - ▸Complements OHS
    - ▸Deals with organisational environment and non occupational factors that affect workers health
    - ▸Does not necessarily apple to one problem
    - ▸May result in changes policies/environment

## Ottawa charter as an effective health promotion framework

▸**Historical significance**
- ▸1978: WHO and UNICEF held conference on health care
    - ▸Declaration of Alma-Ata was created
    - ▸Encouraged countries to take action in areas such as equity, social justice, community participation and health promotion
- ▸1986: WHO conducted first international conference on health promotion
    - ▸To build on progress made thought DoAA, OTTAWA CHARTER FOR HEALTH PROMOTION was produced
    - ▸Charter provides framework for implementation of health promotion in 5 ACTION AREAS (Dead Cats Smell Really Bad)
    - ▸Reflects belief that health is socially based
    - ▸To establish lasting solution, many strategies in many areas is required
    - ▸Importance on empowering individual (make healthy choices) and creating supportive environments

### ▸Characteristics
#### ▸the ottawa charter is characterised by:
- the view that health results from the interaction of many social determinants
- the identification of a set of prerequisites for health
- a requirement for individuals, groups and communities to be empowered
- a preference for preventive action rather than treatment of illness
- an intersectoral approach to health promotion, based on mediation between all relevant groups, including the non-health sectors
- the belief that health is a resource for living, not an objective of living
- a focus on achieving equality of opportunity, resources, genders and cultures
- adaptation of health promotion strategies to meet local needs
- The need to take into account differing social, cultural and economic systems
- five areas for health promotion action

### ▸3 basic strategies for health promotion
1. **Advocate:** Health is a resource for social and developmental means, thus the dimensions that affect these factors must be changed to encourage health.
2. **Enable:** Health equity must be reached where individuals must become empowered to control the determinants that affect their health, such that they are able reach the highest attainable quality of life.
3. **Mediate:** Health promotion cannot be achieved by the health sector alone; rather its success will depend on the collaboration of all sectors of government (social, economic, etc.) as well as independent organizations (media, industry, etc.).

### ▸5 ACTION AREAS (DEAD CATS SMELL REALLY BAD)
- ▸Developing personal skills
    - ▸EDUCATION
- ▸Creating supportive environments
    - ▸PHYSICAL AND SOCIAL ENVIRONMENTS
- ▸Strengthening community action
    - ▸COMMUNITY GROUPS
- ▸Reorienting health services
    - ▸FUNDING AND EXPERTISE
- ▸Building healthy public policy
    - ▸LAWS AND REGULATION

| | D | C | S | R | B |
|---|---|---|---|---|---|
| **Meaning** | Supporting development | Making environments good sources of health | Giving communities power to address own health priorities | Moving from treatment to prevention | Ensuring all gov decisions work towards health improvements |
| **Aim** | Educate, improve decision making | Take care of eachother, community, env | Establish 'ownership' of their health problems | Establish holistic attitude | Put health on agenda |
| **Involves** | Modifying personal behaviours | Provide support networks and groups | Empowering communities to take action | Identifying and gaining access to services | Identifying policy influence on health, removing obstacles, influencing policy to make it better for health |
| **Responsible** | School, home, work, community | Gov, communities, employers, families | Community/local agencies, local gov, interest groups | Indiv, community groups, health professionals and services, governments | Gov, public servnts, lobby groups, NGOs |
| **Answers questions:** | • How do you see this aspect affecting you?<br>• What do you need, where can you find it?<br>• What skills do you need, how can you develop them? | • How imp are your personal ntwrks in supporting you?<br>• What role does school play?<br>• To what extent does the social env + or - from your health?<br>• Does the phys env impact on your health? | • Does community place importance on this aspect?<br>• Is there any community action already taking place?<br>• Will this action affect your level of health?<br>• To what extent can you become part of this action? | • What services are available to support you?<br>• How do you gain access? | • What policies play a role (eg school)<br>• Do these policies affect your health? |
| **HIV example** | • Education of community<br>• Raising awareness of STDs through media | • Needle exchange available<br>• Blood donor screening<br>• Puncture proof needle containers<br>• Condom vending machines | • Support groups for HIV positive<br>• Info and counselling services<br>• Family planning and HIV clinics | • Specific higher-risk groups targeted for prevention/ support<br>• Increased research<br>• Specific medical services available | • Blood donation legislation<br>• Anti discrimination laws<br>• Laws - notification of sexual partners if infected |

## Principles of social justice

‣ **Social justice:** a value that favours the reduction or elimination of inequity, the promotion of diversity, and the establishment of supportive environments
- ‣Accepting and embracing differences
- ‣Reduce inequality
- ‣Environments that support all people

‣**Equity:** allocation of resources according to the needs of individuals and populations, the goal being to achieve equality of outcomes
- ‣Everyone has access to the same opportunities

‣**Diversity:** variety of difference between individuals and groups of people
- ‣Difference in race, ethnicity, culture, language, religion, disability, class, sexuality, age, gender
- ‣Eg. Cultural diversity in ad campaigns, language signs in hospitals, special disability exam provisions, wheelchair ramps

‣**Supportive environments:**
- ‣Social environments of an individual has significant influence on their level of health.
- ‣Good health in achieved in environments that:
    - ‣Free from violence, pollution, have safe water and nutritious food
    - ‣Have adequate supply of basic nessesities
    - ‣Can provide recreation opportunities
    - ‣Cause less stress
    - ‣Low poverty levels

‣**SOCIAL JUSTICE FOR HEALTH PROMOTION**
- ‣Incorporating principles of social justice in health promotion **does not** inevitably mean improvements in health
- ‣Allocation of additional resources and support **does not** necessarily result in equity of health outcomes
- ‣Design of supportive environments **does not** guarantee lifestyle changes
- ‣People may continue to engage in risk behaviours that negatively affect their health
- ‣These principles **do,** however, provide all Australians with the opportunity to exercise greater control over their health in order to bring about improvements