Acknowledgement

The NT Health Promotion Framework has benefited from consultation across the Northern Territory. The Department of Health gratefully acknowledges all stakeholders that contributed and provided feedback in the development of this document.

Disclaimer

Please note that throughout this document the term Aboriginal should be taken to include Torres Strait Islander people.

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Foreword

Many of the diseases and injuries that lead to the high rates of morbidity and mortality in the Northern Territory (NT) are preventable. In order to reduce preventable disease and avoidable injuries, the promotion and protection of health and wellbeing has to be incorporated in health service planning and delivery. A focus on health promotion and preventive health is an integral part of the current National Health Reform agenda and is reflected in core national documents such as the National Primary Health Care Strategic Framework and the Aboriginal and Torres Strait Islander Health Performance Framework. Locally documents such as the Northern Territory Chronic Conditions Prevention and Management Strategy 2010-2020 (CCPMS) and the Northern Territory Aboriginal Health Forum Core Functions of Primary Health Care: A framework for the Northern Territory also reflect this focus. Health Promotion is an integral part of these strategic plans, strategies and frameworks, therefore the Northern Territory requires an overarching Health Promotion framework that guides Health Promotion planning, programs and service development across the Northern Territory.

The NT Health Promotion Framework provides guidance on incorporating quality health promotion actions, interventions and programs into service delivery. It provides a consistent language and processes for planning, implementing and evaluating actions across the continuum of Health Promotion, which ranges from working to create health promoting environments, engaging communities and consumers, providing effective targeted health information and health education, to the provision of screening and immunisation. Well planned, quality health promotion activities have an important role to play in maintaining and improving the health and well being for all Territorians.

The Health Promotion Framework is consistent with other national and regional Primary Health Care strategies and frameworks and forms an essential building block within the matrix of strategic plans and documents utilised in the Northern Territory to guide health service planning and delivery. The framework can be utilised by service providers and communities in the further development of client centred, evidence based and cost-effective health services.

I thank all those who have given their time and attention to the development of this important framework. It is with great pleasure that I commend to you the Northern Territory Health Promotion Framework.

Honourable Robyn Lambley MLA
Minister for Health
Background

Health Promotion is an integral part of health service delivery, and health promotion has long been seen as “everybody’s business” within the health and community services sectors. This Framework provides a structure for describing the broad range of health promotion actions that are utilised across the Northern Territory (NT). It enables a shared understanding of the actions that can be taken to improve health and wellbeing, and provides guidance about embedding a health promotion approach into planning processes, programs and service development across the NT.

This Framework summarises well established Health Promotion principles and practices and key concepts such as the Social Determinants of Health, and positions them within an NT context.

Health Promotion as an approach recommends collaborative practice across sectors. Therefore whilst this framework is primarily intended to be used within the health sector, sectors and agencies outside the health domain are encouraged to utilise this Framework to inform their service delivery.

This Framework builds on and is consistent with other health promotion resources used in the NT, such as the Public Health Bush Books, the Northern Territory Chronic Conditions Prevention and Management Strategy 2010-2020, the Quality Improvement Program Planning System (QIPPS) and the One21Seventy Health Promotion Continuous Quality Improvement Tools. The framework can be used in conjunction with these health promotion resources as well as other strategic documents relevant to program areas.

Improving Health and Wellbeing

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 escalating burden to the healthcare system of preventable chronic conditions and investments that increase 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).
The other health challenges we are facing today in the Northern Territory, Australia and across the world are (8, 9,10):

- The gap between Aboriginal and non-Aboriginal 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 from 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.
Health Promotion Context

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:

- Preventing disease and promoting wellbeing by encouraging and enabling people to adopt healthy lifestyles
- 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

Contemporary Health Promotion Objectives

✔ To Promote Equity
✔ To Ensure Social Justice
✔ To use a Strengths Based Approach
✔ To Advocate for improved population health outcomes
✔ To Work in Partnership
✔ To Ensure Intersectoral 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
✔ To commit to the use of Continuous Quality Improvement (CQI) in order to improve health promotion practice
NT Health Promotion Framework

Framework Objectives

• To support a consistent approach to the description and implementation of health promoting services and programs across the NT
• To provide guidance as to how health promotion can be reflected in business planning and service development processes within health services
• 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
• 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
The Northern Territory Health Promotion framework not only celebrates and values cultural knowledge but also supports the need for all health promotion to be responsive and respectful to the cultural context in which we are working.

The Northern Territory Department of Health (DoH) is committed to working in a culturally safe and secure manner. The DoH is in particular committed to building community and Aboriginal health promotion workforce capacity to ensure health promotion activities are entirely appropriate and highly effective.

**Utilising the Health Promotion 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 that 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 what circumstances.

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

- Determinants of health; and
- 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 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.

Changes in the social, economic, physical, cultural and environmental factors have the potential to yield the biggest health gains. The Department of Health is committed to work in collaboration with stakeholders across sectors to influence these factors in order to reduce their negative impact on health of the NT Population.
Understanding Determinants of Health

**Upstream Factors**

Upstream factors can impact on health in two ways:

1. **Direct impact through factors relating to safety (accidents, injury and violence)**
2. **Indirect impact by influencing health behaviours and psychosocial factors**

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 Aboriginal health.

These factors can be compounded by 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.

**Social, Economic, Physical, Cultural & Environmental Factors (18, 19)**

- Early Years
- Education (including literacy)
- Food Security
- Employment and working conditions
- Income
- Racism
- 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
**Behavioural Factors**
- Diet and nutrition
- Smoking
- Alcohol
- Physical Activity
- Substance use (e.g., drugs, petrol sniffing)
- Self-Harm
- Gambling
- Safe sexual behaviours
- Engagement in preventive health care practices
- Hygiene Practices

**Midstream Factors**
Actions designed to change midstream determinants include individual lifestyle programs and the creation of supportive environments to make healthy choices easier.

There is an element of individual choice. However, 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.

**Psychosocial Factors**
- Control of one's life
- Social supports
- Isolation and marginalisation
- Self Esteem
- Depression
- Stress
- Aggression

**Downstream Factors**
Changes to physiological systems and biological functioning are brought about by sustained and longer-term effects of psychosocial and behavioural factors.

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.

**Non-Modifiable Individual Factors**
- Age
- Sex
- Ethnicity
- Genetics

**Physiological Systems**
- Endocrine (e.g., glucose Intolerance)
- Immune systems (e.g., reduced immunity)
- Cardiovascular system (e.g., hypertension, high lipids)
- Muscular-skeletal systems (e.g., osteoporosis)

---

UPSTREAM macro-level

Social, Economic, Physical, Cultural & Environmental Factors (18, 19)

| ✓ Housing |
| ✓ Early Years (accidents, injury and violence) |
| ✓ Health Care Systems, including: ✓ Welfare Support Systems |
| ✓ Health Literacy |
| ✓ Beliefs and values systems |
| ✓ Gender |
| ✓ Social inclusion |
| ✓ The social gradient |

Indirect impact by influencing health access to health services

| ✓ Employment and working conditions |
| ✓ Racism |

Socially disadvantaged people are more likely to have poorer health outcomes. These factors are challenging to address, but have the potential to yield the biggest health gains.

Change in policies and legislation on a regional, national and international level is needed to address these factors. Health in all Policies is one mechanism that can be used to address upstream factors.

✓ Smoking
✓ Diet and nutrition
✓ Safe sexual behaviours
✓ Self-Harm
✓ Substance use (e.g., drugs, petrol sniffing)
✓ Physical Activity
✓ Alcohol
✓ Smoking

Safe sexual behaviours
Self-Harm
Substance use (e.g., drugs, petrol sniffing)
Physical Activity
Alcohol
Smoking

**Midstream Factors**

Intermediate level

**Psychosocial Factors**

Control of one’s life
Social supports
Isolation and marginalisation
Self Esteem
Depression
Stress
Aggression

**Downstream Factors**

Micro-level

**Physiological Systems**

Endocrine (e.g., glucose Intolerance)
Immune systems (e.g., reduced immunity)
Cardiovascular system (e.g., hypertension, high lipids)
Muscular-skeletal systems (e.g., osteoporosis)
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 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 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 Public Health Bush Book is a useful guide for assisting health practitioners in the Northern Territory to implement actions in these areas.

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.

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 activities across the continuum are provided both for Issues and Settings based health promotion.

The settings-based examples provided relate specifically to health promoting hospitals, health promoting schools and health promoting workplaces. 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.
**Table 2 - Continuum of Health Promotion Practice** (adapted from the Integrated Health Promotion Kit, Victoria) (21)

<table>
<thead>
<tr>
<th>Settings and Supportive Environments</th>
<th>Community action</th>
<th>Health Information &amp; Social Marketing</th>
<th>Health Education and Skills Development</th>
<th>Screening, Individual Risk Assessment, Immunisation</th>
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<tbody>
<tr>
<td><strong>AIM</strong></td>
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<tr>
<td>To develop healthier physical, social and cultural environments where people live, learn, work and play.</td>
<td>To increase community control over the determinants of health through collective efforts, community participation, empowerment, capacity building and increasing healthy literacy</td>
<td>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.</td>
<td>To improve knowledge, attitudes, confidence and individual capacity to change psychosocial and behavioural risk factors. To improve health literacy of individuals, communities and organisations.</td>
<td>To enable early detection and management of diseases to improve physiological risk factors.</td>
</tr>
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</table>

| **ACTION** | | | | |
| Organisational development Integration of health promotion principles in organisational policies, structures and systems, to create a supportive environment. | This must involve: • **Community engagement** in priority setting, decision making, planning, implementation and evaluation of strategies. It can also involve: • **Advocacy** work to gain political commitment, structural changes or systems support for a particular issue. | **Health Information** Presentation of information to a general or targeted audience using a variety of forms and languages, such as spoken word, written materials 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. | **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. **Skills Development** Building the skills required to empower individuals and/or communities to have greater control over their lives. | **Screening** Systematic use of a testing tool to detect individuals at risk of developing a specific disease. **Individual Risk Assessment** Detecting the overall risk of disease(s) through identification of biological, psychological and behavioural risk factors. **Immunisation** Inoculation of vaccine to reduce the spread of vaccine-preventable diseases. |

| Economic, regulatory activities and legislation Financial and legislative incentives or disincentives (standards, pricing, promotion and restriction of products) | | | |

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*Health Promotion FRAMEWORK*
### Settings Based Health Promotion

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<tr>
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<tr>
<td><strong>HEALTH PROMOTING HOSPITALS and HEALTH PROMOTING HEALTH SERVICES</strong></td>
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<tr>
<td>• A hospital/health service specific health promotion policy</td>
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<tr>
<td>• Designated spaces for staff to engage in physical activity free, fee-for-service or subsidised</td>
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<tr>
<td>• Smoke Free hospital/health service campuses</td>
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<tr>
<td>• Clear signage to assist patients to easily locate relevant areas within the hospital/health service</td>
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<tr>
<td>• Provision of healthy foods in vending machines and cafeterias accessible to patients, visitors and staff</td>
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<tr>
<td>• Consumer participation on hospital/health service boards and/or committees</td>
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<tr>
<td>• QUIT posters in prominent locations throughout the hospital/health service (such as lifts, stairwells, waiting rooms and bathrooms).</td>
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<tr>
<td>• Patient targeted information about specific health issues (such as smoking).</td>
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<tr>
<td>• Brief intervention training for hospital/health service staff</td>
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<tr>
<td>• On-ward/during health service hours QUIT counselling services delivered by appropriately qualified staff and/or volunteers</td>
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<tr>
<td>• The establishment of a health education calendar that lists upcoming seminars, meetings and/or forums that are facilitated in the local hospital/health service area</td>
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<tr>
<td>• Accurately recording the smoking status of all patients</td>
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<tr>
<td>• Health screening days in hospital/health service foyers</td>
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# Settings Based Health Promotion

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<tbody>
<tr>
<td><strong>Settings Based Health Promotion</strong></td>
<td><strong>HEALTH PROMOTING SCHOOLS and ‘KidsMatter’</strong></td>
<td><strong>Provision of Health Promoting School Nurses</strong></td>
<td><strong>Inclusion of health information in curriculum resources</strong></td>
<td><strong>Provision of Healthy School Aged Kids screening</strong></td>
</tr>
<tr>
<td>• Provision of Health Promoting School Nurses</td>
<td>• School community garden</td>
<td>• School Councils establishing fundraising efforts that promote healthy eating and physical activity</td>
<td>• Development of health issue specific lessons plans</td>
<td>• Provision of school immunisation program</td>
</tr>
<tr>
<td>• Canteen, Nutrition and Healthy Eating Policy to promote the sale and consumption of healthy foods, including fruits and vegetables</td>
<td>• Community consultation in policy review and development</td>
<td>• Community consultation in policy review and development</td>
<td>• The provision of information about safe sex and healthy personal relationships to school students</td>
<td>• Provision of school immunisation program</td>
</tr>
<tr>
<td>• Department of Education and Training (DET) Physical Activity Requirements for Schools Policy to ensure that students participate in a minimum of 2 hours per week of physical activity</td>
<td>• Work with the Australian Council for Health, Physical Education and Recreation (ACHPER) on advocacy and community engagement</td>
<td>• Engagement with government and non-government organisations on strategies to improve health promotion in schools</td>
<td>• Provision of anti-bullying programs in schools</td>
<td>• Provision of Healthy School Aged Kids screening</td>
</tr>
<tr>
<td>• Smoke Free Premises Policy</td>
<td>• Support for research applications in the area of health</td>
<td>• Support for research applications in the area of health</td>
<td>• Strengths based approach to skills development</td>
<td>• Provision of school immunisation program</td>
</tr>
<tr>
<td>• Child Safety and Wellbeing, Student Services Division within DET</td>
<td>• Inclusion of health information in curriculum resources</td>
<td>• Development of health issue specific lessons plans</td>
<td>• Organisation and delivery of seminars, forums and conferences to share, explore and expand on current pedagogy and research in health</td>
<td>• Provision of school immunisation program</td>
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<td></td>
<td>• Distribution of health information to schools and community via websites, newsletters and social media</td>
<td>• The provision of information about safe sex and healthy personal relationships to school students</td>
<td>• Provision of professional development to schools and communities provided by DET, DoH and other stakeholders</td>
<td>• Provision of Healthy School Aged Kids screening</td>
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<td>• Provision of school immunisation program</td>
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<tbody>
<tr>
<td>• Healthy options available in canteens and vending machines</td>
<td>• Engage staff in program planning and development</td>
<td>• Social marketing resources provided to staff at induction and orientation</td>
<td>• Healthy cooking sessions for staff</td>
<td>• Health Risk Assessments for staff (screening for lifestyle risk factors, i.e. diabetes, blood pressure etc.)</td>
</tr>
<tr>
<td>• Nutrition and catering policy that meets Healthy Eating Guidelines</td>
<td>• Support staff and provide resources to implement strategies in their work areas</td>
<td>• Display and distribution of national social marketing campaign resources such as Swap it, ‘Go for 2 &amp; 5’, anti-smoking campaigns to promote health messages</td>
<td>• Education regarding the health risks of harmful/hazardous alcohol consumption</td>
<td>• Staff vaccination program</td>
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<tr>
<td>• Adequate End of Trip facilities in workplaces to encourage physical activity and active transport (i.e. showers and lockers)</td>
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<td>• Staff health education sessions</td>
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<tr>
<td>• Smoke Free workplace policy</td>
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<td>• QUIT sessions for staff</td>
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<td>• Alcohol policy for events and social functions</td>
<td></td>
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<tr>
<td>• Work life balance policies</td>
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<tr>
<td>• Access to opportunities for physical activity in the workplace (i.e on-site exercise classes)</td>
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### HEALTH PROMOTING WORKPLACE

- **Community action**
  - Engage staff in program planning and development
  - Support staff and provide resources to implement strategies in their work areas

- **Health Information & Social Marketing**
  - Social marketing resources provided to staff at induction and orientation
  - Display and distribution of national social marketing campaign resources such as Swap it, ‘Go for 2 & 5’, anti-smoking campaigns to promote health messages

- **Health Education and Skills Development**
  - Healthy cooking sessions for staff
  - Education regarding the health risks of harmful/hazardous alcohol consumption
  - Staff health education sessions
  - QUIT sessions for staff

- **Screening, Individual Risk Assessment, Immunisation**
  - Health Risk Assessments for staff (screening for lifestyle risk factors, i.e. diabetes, blood pressure etc.)
  - Staff vaccination program
### TOBACCO CONTROL

#### Settings and Supportive Environments
- Legislative changes to provide smoke free areas and taxation to increase cigarette prices
- Smoke Free Policies; Smoke Free hospitals and health services
- Embedding monitoring and evaluation activities into tobacco control programs

#### Community action
- Declaration of smoke free homes, vehicles, events and other smoke free zoning (unlegislated)
- Community QUIT groups to support smoking cessation
- Community representation on Steering Committees for tobacco control programs

#### Health Information & Social Marketing
- QUIT campaign information and resources
- Talking posters on tobacco-related harms
- Production of smoking DVDs in local languages

#### Health Education and Skills Development
- QUIT counselling
- Education sessions in schools and hospitals
- Professional development for health practitioners that supports smoking cessation among key client groups

#### Screening, Individual Risk Assessment, Immunisation
- Assessment and recording of smoking status in health records
- Brief intervention during client consults, in particular relating to smoking cessation
- Appropriate referral pathways for tobacco cessation programs and counselling
- Provision of Nicotine Replacement Therapy
## Issues Based Health Promotion

<table>
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<tbody>
<tr>
<td><strong>HEALTHY WEIGHT</strong></td>
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<tr>
<td>• Ensuring access to healthy food by improving the availability and affordability of healthy food in local shops</td>
<td>• Community walking groups</td>
<td>• Social Marketing Campaigns (e.g. Swap It, Measure Up, Go for 2 &amp; 5)</td>
<td>• Diabetes Nutrition Groups</td>
<td>• Screening for weight and waist circumference, (e.g. CVD risk assessment tools)</td>
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<tr>
<td>• Working with housing stakeholders to improve conditions of houses to enable safe food preparation</td>
<td>• Catering to provide healthy food at community events</td>
<td>• Healthy cooking recipes</td>
<td>• Healthy cooking sessions using locally available ingredients</td>
<td>• Appropriate referral pathways to lifestyle programs</td>
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<tr>
<td>• Working with town planners to create environments that are conducive to physical activities</td>
<td>• Healthy vending machines in workplaces and public spaces</td>
<td>• Evidence based information and Fact sheets available on websites</td>
<td>• Nutrition education</td>
<td>• Brief Intervention in client consults particular relating to healthy eating and physical activity</td>
</tr>
<tr>
<td>• Sustainable community gardens</td>
<td>• Local action plans that promote and support healthy eating and physical activity in local organisations, including schools, local government services and housing</td>
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### Organisational development

**Service:**
- Integrating continuous quality improvement into policy or program development (QIPPS, Audit tools)
- Supporting health information sharing networks (Chronic Disease Network, Public Health Network)
- Provision of culturally appropriate health services

**Policy and strategic plans:**
- Applying a Health in All Policies approach into policy development
- Implementing healthy workplace policies
- Capacity building of staff

**Management**
- Establishing ‘separate’ or ‘gender sensitive’ entrances to health clinics
- Creating a youth friendly space or clinic
- Supported, effective and meaningful community representation on Reference Groups or Working Groups

**Economic, regulatory activities and legislation**
- Taxation to increase prices of alcoholic beverages, cigarettes
- Environmental health and housing standards
- Australian Government licensing of community stores
- Introduction of legislation for mandatory reporting of domestic and family violence

### Community action

- Involvement of communities in decision making committees (e.g. Local Implementation Plans for Territory Growth Towns, Local Community Plans in urban settings)
- Community representation on Steering Committees and 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
- Submission of papers or lobbying for legislative or policy changes.

### Health Information & Social Marketing

**Health Information**
- Media Release in response to disease outbreaks
- Online resources
- Patient Information Brochures
- Talking posters and books
- Radio and TV announcements

**Social Marketing**
- Sexual Health campaigns
- Using print or electronic media to create stories through art/drama story 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

### Health Education and Skills Development

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**Screening**
- Cancer screening (e.g. Pap smears, Mammography)
- Screening for Sexually Transmitted Diseases
- “Oral Health - Lift the Lip”

**Individual Risk Assessment**
- Assessment of risk factors, (e.g. Adult Health Checks, antenatal screening)
- Healthy Kids Under Five (HKU5) program
- Healthy School Age Kids (HSAK) program

**Immunisation**
- Immunisation against measles, polio, influenza, Human Papilloma Virus (HPV) and the like
Implementation

The way the Health Promotion Framework is utilised and implemented within an organisation will depend on organisational needs, priorities, focus and workforce makeup. This can range from using the Framework purely as a training and education resource for staff and stakeholders, which ensures a common language when discussing health promotion action and practice, to ensuring that Primary Health Care Programs include activities and actions across the Continuum of Health Promotion Practice.

Examples of utilising the Framework

• Incorporating the Framework in workforce induction and professional development programs and processes, to ensure a common understanding of Health Promotion principles and actions within the NT context.

• Utilise the Framework, particularly the Continuum of Health Promotion Practice, to facilitate the incorporation of Health Promotion into health service delivery as part of best practice.

• Utilise the Continuum of Health Promotion Practice to guide and track Health Promotion programs to ensure strategies reflect practice across the continuum and include actions at both an individual and population health level.

• Inform Health Promotion best practice and planning of service delivery through examples provided within the Continuum of Health Promotion Practice.

• Utilise the examples provided in the Framework to guide the planning, development or refinement of health promoting workplaces, schools or health services.

• Utilise the Continuum of Health Promotion Practice to map health promotion activities in order to identify gaps within service delivery and track progress over time.

• Utilise the Health Promotion Continuum to inform the planning of interventions and integrated program development and delivery.
Benefits of implementing the Framework

The benefits an organisation can expect from adopting this Framework will depend on the way and extent to which the organisation chooses to implement the Framework. In general terms, some of the benefits organisations could expect include:

- Ability to clearly identify health promotion activities delivered by an organisation in a recognised, integrated structure.
- Assistance in developing a health promoting workplace and/or health promoting health service.
- Increased capacity of the workforce in health promotion practice.
- Integration of health promotion actions into best practice service delivery.
- A common language and understanding the organisation can utilise in conversations with community and stakeholders.
- Ability to trend spread of interventions and health promotion action across the continuum of service delivery.
- An increase in planned and evaluated health promotion action and a structured way of reporting.
- Ability to include action on Social Determinants of Health in work practices.
- A shift from individual to population health approach.
- An increase in a systems approach to health promotion.
- An increase in engagement of community and stakeholders.

Possible measures to track implementation of the Framework

Whilst the evaluation measures and tracking of the Framework implementation will depend on how an organisation has chosen to implement it, the following is a list of possible evaluation and monitoring measures:

- The Framework is incorporated into organisational induction and professional development programs.
- An increase in actions occurring across the Continuum of Health Promotion Practice.
- The Framework is utilised across professions in the organisation.
- The Continuum of Health Promotion Practice is utilised in planning service delivery.
- The Health Promotion Framework is referenced in organisational communication, strategic plans and reports.
- Uptake of health promoting setting approaches such as health promoting health services and workplaces.
<table>
<thead>
<tr>
<th>Glossary of Terms</th>
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<tbody>
<tr>
<td><strong>Advocacy</strong></td>
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<td><strong>Capacity Building</strong></td>
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<tr>
<td>- Health workers, in terms of commitment and skills for working in a health promoting way.</td>
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<tr>
<td>- 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.</td>
</tr>
<tr>
<td>- Communities and community members in terms of their skills, practices and orientation to improving health and solving health problems.</td>
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<tr>
<td><strong>Community action</strong></td>
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<tr>
<td><strong>Community Development (25)</strong></td>
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<tr>
<td><strong>Community engagement (26)</strong></td>
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<tr>
<td><strong>Continuous Quality Improvement (CQI) in terms of Health Promotion</strong></td>
</tr>
<tr>
<td>Term</td>
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<tr>
<td>Determinants of Health</td>
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<td>Empowerment for health</td>
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<td>Enabling</td>
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<td>Equity</td>
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<td>Evidence based health promotion</td>
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<tr>
<td>Term</td>
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<tr>
<td>Health</td>
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<td>Health education</td>
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<tr>
<td>Health Impact Assessment</td>
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<td>Health in All Policies (28)</td>
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<tr>
<td>Health Literacy</td>
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<tr>
<td>Health Promotion Settings Approach</td>
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<tr>
<td>Healthy public policy</td>
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<tr>
<td>Health Promotion Sustainability</td>
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<td>Intersectoral collaboration</td>
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</table>
**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 distinct from Primary Care, which is but one aspect of PHC that focus on clinical services provided predominantly by general practitioners and nurses.

Comprehensive PHC, as envisioned at Alma Ata in 1978 (29), 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 (30) 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.

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<thead>
<tr>
<th></th>
<th>Comprehensive PHC</th>
<th>Selective PHC</th>
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<tbody>
<tr>
<td><strong>View of Health</strong></td>
<td>Positive Wellbeing</td>
<td>Absence of Disease</td>
</tr>
<tr>
<td><strong>Focus of control over health</strong></td>
<td>Communities and individuals</td>
<td>Health professionals</td>
</tr>
<tr>
<td><strong>Major focus</strong></td>
<td>Health through equity and community empowerment</td>
<td>Medical solutions for disease eradication</td>
</tr>
<tr>
<td><strong>Health Care Providers</strong></td>
<td>Multi-disciplinary teams</td>
<td>Medical doctors, Health Practitioners</td>
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<tr>
<td><strong>Strategies for health</strong></td>
<td>Multi-sectoral collaboration</td>
<td>Medical interventions</td>
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Sourced from UNSW (31)

The Northern Territory Aboriginal Health Forum published the Core functions of primary health care: a framework for the Northern Territory in August 2011. The framework details five domains that should be considered in primary health care in the NT. Health promotion is domain two.
### Re-orienting health services
Health system changes in structure, funding and organisation that 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 (32)
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 wider set of forces: economics, social policies and politics at global, national and local levels.

### Social inclusion (33)
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 (34)
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 Tools

There are a range of national and international health promotion tools available. Below are links to those referred to in this document.

Public Health Bush Book
The Public Health Bush Book is a resource for those working in community settings in the Northern Territory. The Public Health Bush Book is published by the Department of Health in two volumes. Both are available to download from the Health Promotion Strategy Unit website http://www.health.nt.gov.au/Health_Promotion/Resources_for_Good_Practice

Quality Improvement Program Planning System (QIPPS)
QIPPS is an innovative and unique tool designed for the planning and evaluation of a variety of projects including health promotion, community development and secondary prevention. QIPPS is a web-based system focusing on Continuous Quality Improvement (CQI) and planning and evaluation, with a web-based storage function and the ability for multiple users to access and contribute to a project. In the NT a variety of organisations are using QIPPS. The Department of Health and the Department of Education are using a joint subscription to QIPPS for planning and evaluating health promotion projects and programs. For more information visit www.qipps.infochange.net.au/

Health Promotion Continuous Quality Improvement (CQI)
One21seventy is the National Centre for Quality Improvement in Indigenous Primary Health Care. One21seventy provides a health promotion Continuous Quality Improvement (CQI) system that is designed to benefit Aboriginal and Torres Strait Islander communities and can be used by a range of service providers. The One21seventy health promotion tools were developed using the best available research evidence and have been rigorously tested in Aboriginal and Torres Strait Islander settings to ensure they are practical and user friendly. For more information visit www.one21seventy.org.au
References


34. Ife JW. Community Development: Community-based alternatives in an age of globalisation. Pearson Education, 2002. NSW