

PDHPE

Health Priorities in Australia – Cardiovascular disease

Part 1: Priority area

Cardiovascular disease (CVD) includes all diseases of the heart and blood vessels. It is one of the leading causes of death in Australia and based on *Australia's Health (2008)* CVD has the 2nd highest mortality rate in Australia. In 1996, the current National Health Priority Areas initiative was established, and cardiovascular health was one of the original priority areas due to its widespread nature and its potential for prevention.

The reason that CVD is a national priority area is because it is the largest causes of premature death in Australia. Although mortality rates have declined in recent decades, it is one of the biggest health problems that affect Australia, placing a considerable health and economic burden to individuals and the community. The costs to the individual can be seen as financial losses diminished quality of life and emotional stress. The cost of treatment, medication and rehabilitation may cost more than the individual can afford. The costs to the community can be seen from the direct and indirect costs that are incurred due to CVD. The direct costs include money spent on diagnosis and treating those affected by CVD while the indirect costs include the value of the output when people are too ill to work, or die prematurely, such as the cost of forgone earning and absenteeism. The significant cost of CVD has been recognised, therefore is a priority area. The three main forms of CVD are coronary heart disease, stroke and peripheral vascular disease. The prevalence of CVD shows that coronary heart disease is the leading cause of death in males and females, followed by stroke. CVD is one of the leading causes of disability. There is a potential for change for CVD as the predisposing factors are mostly non-modifiable.

The onset of CVD is usually from lifestyle related factors. In particular, smoking, lack of physical activity, a poor diet and high blood pressure contribute to CVD.

Aboriginals and Torres Strait Islanders and the socioeconomically disadvantaged, experience inequities in relation to CVD. These groups put a significantly higher burden on the community as well as the government who provide funding for CVD. Their social determinants and poor health behaviours contribute to this. Aboriginals and Torres Strait Islanders and the socioeconomically disadvantaged generally have lower incomes than other Australians, high levels of unemployment and low levels of education. Likewise, these groups are more likely to be obese, smoke, drink excessively and not take part in physical activity.

Part 2: Evaluation of the Ottawa Charter effectiveness

The Ottawa Charter focuses on including the socioeconomic factors affecting people concerning CVD. The Ottawa Charter is effective as its holistic approach allows individuals and communities to be empowered to improve the prevalence and mortality rates of CVD. Making changes from lifestyle factors is often difficult, but in particular, the Ottawa Charter principles of developing personal skills and creating supportive environments address the cardiovascular disease priority area.

Developing personal skills – This is the most significant principle of the Ottawa Charter for CVD as prevention allows evident changes in the rates of CVD. Developing personal skills is about providing information about health and giving people the opportunity to continue to develop personal skills to enable greater control over their health. As CVD is due to lifestyle factors, the individual, to some degree should have responsibility to modify their behaviours through education. Individuals should be educated about the lifestyle factors such as diet, smoking and having the skills to support this knowledge. By attending CPR and first aid courses, people would be able to utilise their qualifications to be knowledgeable towards others and make health promoting choices.

People can gain access to information and support from a variety of sources including the Australian Institute of Health and Welfare and there are a range of support services that enable to build upon the personal skills required to overcome CVD, including personal trainers and community events.

Creating supportive environments – Areas where people live and work need to support healthy choices so that the possibility of health risks is reduced so that individuals are able to make health promoting choices. The environment has been modified to reduce the incidence of CVD from different groups and levels of responsibility such as the government and non-government organisations. For example, healthy food canteens in schools have been effective in offering healthy options that are approved under strict guidelines so that school children are able to learn about healthy foods to prevent obesity and the risk factors that contribute to CVD. Even fast food outlets such as McDonalds offer a 'healthy choices' range that offers an alternative healthy option. The increase in the number of foot paths and bike tracks has been implemented so that individuals can take part in physical activity and have healthier lifestyles. By creating environments that reflect healthy living practices it makes it easier for people to achieve good health.

There are many initiatives that address CVD and these include the Heart Foundation's Tick Program, Jump Rope for Heart and Quit Now.

The Tick program is a preventative approach to cardiovascular disease and since 1989, the Tick program has allowed people to make healthier food choices quickly and easily. In relation to the Ottawa Charter, the Tick program creates supportive environments by providing support for individuals making healthy food choices and it encourages cooperation between the Heart Foundation and the food industry, with support from consumer affairs and the National Food Authority. This is to ensure that foods receiving the tick meet the food content requirements. The Tick program helps develop personal skills through the promotion of public understanding and education about the program and good nutrition.

Jump Rope for Heart is a community based initiative that is a popular physical activity fundraising event. Typically completed at schools, it strengthens community actions through the participation by a range of people and this empowers individuals to be involved in physical activity. It contributes to developing personal skills as through the program, people are educated about the importance of heart health as well as physical activity. The Heart Foundation provides adequate information brochures, resources and information on CVD through its website.

Quit Now is the national anti smoking campaign. There have been significant decreases in mortality from ongoing health promotion initiatives for people to quit smoking. Quit Now is the current national anti smoking campaign, however, similar campaigns in the past have shown dramatic changes epidemiologically in relation to cardiovascular disease as well as social changes and changes to legislation, including smoke free areas. The Quit Now campaign helps develop personal skills through the education of the dangers of smoking and through ongoing programs particularly through its website. It creates supportive environments for those who want to quit smoking by the recognition of support networks and community services.

These initiatives have been put in place to prevent, promote and improve the epidemiological data in regards to cardiovascular disease. Intersectoral collaboration is vital in which government and non-government organisations can take on a combined responsibility in promoting health and addressing CVD.

The Commonwealth government has increased taxes on alcohol and tobacco products, legalisation to ban tobacco sponsorship of sporting teams and provides funding for research and health promotion initiatives. It also provides legislation to ensure the maintenance of health.

This is linked to the Ottawa Charter principles of building public health policy, where the impacts of policies on health have seen changes in legislation and guidelines relating to CVD. Reorienting health services is shown from the increased funding for CVD.

The State government provides compulsory PDHPE in schools, smoking bans in workplaces and restaurants, and funding for organisations that promote health such as the Heart Foundation. Developing personal skills is through education of CVD and positive health behaviours. Strengthening community action is through the CVD related initiatives that take place, for example, Just Walk It.

Non-government organisations such as the National Heart Foundation promote the involvement of the community in decision making processes and helps advocate legislative changes in health. By providing independent advice to health authorities and governments, this contributes to building public health policy through identifying the impact of policies on health. For example, information from the Heart Foundation on the effectiveness or lack of effectiveness on a policy can be used by the government or another source to possibly make changes in that particular area.

The Ottawa Charter's focus on recognising that action related to social and cultural factors is needed in a range of sectors is effective in addressing CVD. The Ottawa Charter advocates an approach that facilitates everyone to health promotion. Although some groups, such as Aboriginals and the socioeconomically disadvantaged experience a higher prevalence of CVD, it is an issue that can be improved through the provision of appropriate resources and funding for CVD as well as increased preventative measures and awareness. Further collaborative action from government and non-government organisations allows success to be measured through decreased rates and prevalence levels of CVD. The Ottawa Charter's principles, in particular developing personal skills and creating supportive environments shows that changes made from modifying lifestyle factors and the environment can improve in dealing with CVD. Therefore, overall, the Ottawa Charter is effective in addressing the priority area of CVD in Australia.

Part 3: Jakarta Declaration

The Jakarta Declaration focuses on issues in the 21st Century. The Jakarta Declaration on Health Promotion identifies five priority areas, and these can be applied to continue to address CVD. The prevalence of CVD can be reduced through health promotion. One of the Jakarta Declaration's priority areas, **promote social responsibility for health** can be used to ensure the sustainable use of resources and restrict the production of trade of tobacco. This limitation can contribute to the reduction of smoking levels, which in turn will help reduce the levels of CVD and can also help protect the environment. To avoid harming the health of individuals, policies and practices such as healthy food choices in all workplaces and increased no smoking areas in public places should be implemented in regards to CVD.

Increasing investments for health development can be used to focus on population groups that are affected by CVD, such as Aboriginals and Torres Strait Islanders, and the socioeconomically disadvantaged. By reflecting the needs of these groups, increased investments can be made to address CVD in Australia. For example, for the Aboriginal and Torres Strait Islanders, there should be a specific program funded by the government that provides free mandatory health checks. This can be done yearly so that action can be taken if CVD or any other condition becomes a detriment to an individual's health. This ensures that geographical remoteness or any other factor does not influence their access to this program. Also, increased investments should take into account additional resources being channelled into education, housing and the health sector especially for Aboriginals and the socioeconomically disadvantaged.

As these groups experience inequities in regards to CVD, extra funding ensures that the prevalence of CVD from these groups can continually decrease.

For the areas, **consolidate and expand partnerships for health**, this can be applied for CVD through strengthening existing partnerships and forging new ones in all sectors of society and in government. This means that intersectoral action is required and needs to be consolidated. Existing partnerships such as the government and the Heart Foundation can work together to come up with a mutual organisation that caters for CVD in Australia. That way the focus on CVD can be improved through the work of the government, as well as a non government organisation. These partnerships can share expertise, resources and skills, which will ultimately be beneficial in addressing CVD.

Secure an infrastructure for health promotion can address CVD through providing incentives that influence a range of organisations to assist in encouraging health promotion strategies so that changes can continue to be maximised. For example, the government, non government organisations, educational institutions and the private sector should invest a particular amount of money so that society is based around preventative approaches to CVD. Changes that could be made include the increased provision of sporting facilities in all areas and a wider range of healthier food choices that are cheaper than fast food choices. These should be sustained so that improvements can be seen in the future.

As making lifestyle changes is often difficult, the principle of the Jakarta Declaration, **increase community capacity and empower the individual** can be used to assist in overcoming CVD. Empowering individuals demands access to the decision making process so that knowledge and skills can be gained to effect change. To increase community capacity and to further empower the individual, the involvement of people through health promotion is required. Leadership skills developed through training, access to resources and practical education are essential to helping the individual gain control. Therefore, there should be incentives that encourage more and more people to participate in practical activities that increase education for the individual to gain control. For example, there should be more programs like Jump Rope for Heart that gives prizes for participation, as well as fundraising for heart health. This empowers individuals as they can make the decision to participate in physical activity while having the knowledge that they can live healthier lifestyles and tackle the issue of CVD.