PDHPE - Health Priorities In Australia

How are priority issues for Australia’s health identified?

- **MEASURING HEALTH STATUS**

‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.’ – World Health Organisation, 1946

- **Role Of Epidemiology**

Epidemiology is the study of the patterns and causes of health and disease in populations, and how to apply this study to improve health.

- **Measures Of Epidemiology**

The common indicators of the health of a community include measures of mortality, infant mortality, morbidity and life expectancy.

<table>
<thead>
<tr>
<th>Measure of epidemiology</th>
<th>Definition</th>
<th>Trends in Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>Mortality refers to the number of deaths in a given population from a particular cause and/or over a period of time.</td>
<td>Death rates are decreasing</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>Infant mortality refers to the number of infant deaths in the first year of life, per 1000 live births.</td>
<td>Infant mortality rates are decreasing</td>
</tr>
<tr>
<td>Morbidity</td>
<td>Morbidity is the incidence or level of illness, disease or injury in a given population</td>
<td>Morbidity is decreasing for most major health conditions. However, an increase in diabetes and mental health problems is evident.</td>
</tr>
<tr>
<td>Life expectancy</td>
<td>Life expectancy refers to the length of time a person can expect to live. The average number of years of life remaining to a person at a particular age based on current death rates.</td>
<td>Life expectancy is increasing.</td>
</tr>
</tbody>
</table>
IDENTIFYING PRIORITY HEALTH ISSUES

When determining the disease burden on the community, health authorities need to consider a number of factors. Including:

- Social justice principles
- Priority population groups
- Prevalence of the condition
- Potential for prevention and early intervention
- Costs to the individual and community

- Social Justice Principles

Social justice aims to decrease or remove inequity from a population by encouraging supportive environments and an inclusiveness of diversity for all people.

The four principles relating to social justice are:

- Participation: the empowerment of individuals and communities to be involved in planning and decision making for good health
- Equity: fair allocation of resources and entitlements without discrimination
- Access: the availability of health services, information and education
- Rights: equitable opportunities for all individuals to achieve good health.

The inequities in health need to be addressed and recognised. The high incidence of diabetes in the indigenous population and the high incidence of injury are significant inequities in health.

The provision of equal access to resources, health services, education and information.

- Priority Population Groups

Priority health issues are identified when certain population groups are greatly affected by certain causes of illness and death than are the general population. The identification of priority population subgroups with inequitable health status is important for determining health priority issues. It allows health authorities to:

- Determine the health disadvantages of groups within the population
- Better understand the social determinants of health
- Identify the prevalence of disease and injury in specific groups
- Determine the needs of groups in relation to the principles of social justice

- Prevalence Of Condition

The prevalence of a disease or illness refers to the number of cases of that disease in a population at a specific point in time. Priority health issues are identified when prevalence of a disease is higher.

- Potential For Prevention And Early Intervention

The majority of diseases and illnesses suffered by Australians result from poor lifestyle. It is difficult to change individual behaviours because often reflect the environmental situation in
which the individual lives. Environmental, social, cultural and political factors all play a part and must be addressed in order for health status to improve.

- Costs To The Individual And Community

Costs of illness and disease can be classified into direct or indirect.

- Direct costs – money spent on diagnosing, treating and caring for the sick. These costs include hospital and medical expenses, pharmaceuticals and money spent on research, prevention programs and education.
- Indirect costs – costs not directly related to the health system, such as absenteeism, the burden on careers and family, and quality of life.

What are the priority issues for improving Australia’s health?

- GROUPS EXPERIENCING HEALTH INEQUITIES

Inequities: are unfair differences in levels of health status between groups in society.

Sociocultural determinants: of health, including family, peers, media, religion and culture.
Socioeconomic determinants: of health, including employment, education and income.
Environmental determinants: of health, including geographical location, and access to health services and technology.

Main groups that experience health inequities in Australia:

- Aboriginal and Torres Strait Islander peoples
- Socioeconomically disadvantaged people
- People in rural and remote areas
- Overseas-born people
- Elderly people
- People with disabilities

- Aboriginal And Torres Strait Islander Peoples

THE NATURE AND EXTENT

Indigenous people experience a much poorer level of health compared with that of non-indigenous people, they die at a younger age and are more likely to have a reduced quality of life.

- Life expectancy for indigenous females is 10 years and males is 12 years lower than the life expectancy of non-indigenous people.
- Higher mortality rates → 70% of indigenous people that died were younger than 65 years, compared to 21% of non-indigenous people who died younger than 65 years.
- Death rates were almost three times as high for indigenous males and females as for the non-indigenous population.
- Infant mortality rate is three times higher than the national average.
### ATSI SOCIOCULTURAL, SOCIOECONOMIC AND ENVIRONMENTAL DETERMINANTS

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<thead>
<tr>
<th>SOCIOCULTURAL</th>
<th>SOCIOECONOMIC</th>
<th>ENVIRONMENTAL</th>
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<tbody>
<tr>
<td>- Exposure to violence → is twice the rate of other Australians, more likely in remote areas.</td>
<td>- Lower incomes → low education leads to a lower income. This results in a low paying job or unemployment.</td>
<td>- Geographic location → 24% live in remote areas – income is a main factor into areas that can be afforded</td>
</tr>
<tr>
<td>- Tobacco use → more than twice likely to be regular smokers. In 2004-05 50% of indigenous people were daily smokers.</td>
<td>- High unemployment rates → this is due to either a low education or not having the skills acquired for the job</td>
<td>- Accesses to health services → indigenous people that live in remote areas don’t have the same access to services as people in the city.</td>
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<tr>
<td>- Overweight/obesity → rates have increased since 1995, of people in non-remote locations. Due to the food that is provided for them and lack of fitness facilities.</td>
<td>- Poor nutrition → unable to afford healthy eating habits. Fresh fruit is lower in remote areas due to availability.</td>
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<td></td>
<td>- Low education → not having the income to afford high quality education</td>
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</table>
- Socioeconomically Disadvantaged People

THE NATURE AND EXTENT
Socioeconomically disadvantaged people have a lower life expectancy, higher rates of premature mortality, an increased incidence and prevalence of disease.

Research in Australia identifies a strong relationship between low SES and lower health status and confirms that socioeconomically disadvantaged people:

- Are more likely to suffer CVD, diabetes, asthma, mental illnesses and arthritis
- Lose more years of life due to diabetes, CVD, road traffic accidents and lung cancer
- Experience lower life expectancy

SOCIOCULTURAL, SOCIOECONOMIC AND ENVIRONMENTAL DETERMINANTS
People from areas of lower SES are more likely to:

- Be daily smokers
- Eat less than the recommended servings of fruit and vegetable
- Be overweight or obese
- Be physically inactive

E.g. Disability or illness might cause unemployment, which leads to reduce income, which might limit capacity to pay for medical services. Alternatively, lower levels of education result in poorer health knowledge, which might affect health behaviours.

THE ROLES OF INDIVIDUALS, COMMUNITIES AND GOVERNMENTS ADDRESSING HEALTH INEQUITIES

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<tr>
<th>GOVERNMENT</th>
<th>COMMUNITIES AND INDIVIDUALS</th>
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<tr>
<td>- At the national level, Medicare and the PBS are designed to address the needs of the socioeconomically disadvantaged by providing lower cost health services and medications.</td>
<td>- Relies on services and information being successfully delivered into the most disadvantaged communities.</td>
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<tr>
<td>- State government responsibilities relate to service provision and prevention. Some of these strategies relate to: Child health and well being, immunisation, mental health, obesity, sexual health, oral health, urban planning and drugs &amp; alcohol,</td>
<td>- Reduced exposure to risk factors and better delivery of primary care services is critical in order to reduce the inequitable burden of disease these communities suffer.</td>
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<td>- This requires the development of an increasingly community-based health workforce.</td>
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- HIGH LEVELS OF PREVENTABLE CHRONIC DISEASE, INJURY AND MENTAL HEALTH PROBLEMS

- Cardiovascular Disease (CVD)

THE NATURE OF THE PROBLEM
Cardiovascular disease includes all disease of the heart and blood vessels. The four major types of cardiovascular disease include:

- Coronary heart disease – poor blood supply to the heart
- Stroke – poor blood supply to the brain
- Peripheral vascular disease – poor blood supply to the limbs
- Heart failure – when the heart is less effective at pumping blood around the body

RISK AND PROTECTIVE FACTORS OF CVD
Risk factors are those that increase the likelihood of developing a disease or illness. They can be behavioural, biomedical or social.

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<tr>
<th>Non-modifiable – which you have NO control over</th>
<th>Modifiable – you do have control over</th>
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</thead>
<tbody>
<tr>
<td>- Age</td>
<td>- Tobacco smoking</td>
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<tr>
<td>➔ Risk of CVD increases with age</td>
<td>- Overweight/obese</td>
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<tr>
<td>- Sex</td>
<td>- Alcohol consumption</td>
</tr>
<tr>
<td>➔ Females have a greater prevalence of CVD than males</td>
<td>- Poor nutrition</td>
</tr>
<tr>
<td>➔ Males are more likely to die from CVD than females</td>
<td></td>
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<tr>
<td>- Family history</td>
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</table>

GROUPS AT RISK
There are some groups, which suffer higher risk, prevalence and burden associated with CVD, these include:

- ATSI people
- Low SES people
- The elderly
- People living in rural communities
- Overseas-born Australians

- Cancer (skin, breast, lung)

THE NATURE OF CANCER
Cancer refers to a diverse group of diseases with a common feature – the uncontrolled growth and spread of abnormal body cells.

Two types of tumours:
1. Benign tumours – not cancerous, grow slowly, can be surgically removed and may cause damage to surrounding tissue and interfere with the function of vital organs.
2. Malignant tumours – cancerous, spread to other body parts, cause sickness and death.
3. The extent of cancer
Cancer is the only major cause of death increasing in both sexes in Australia. The main reasons for the increases are:

- The ageing of the population
- Better detection of cancer
- New technology and screening programs
- Better reporting of cancer
A GROWING AND AGEING POPULATION
Healthy Ageing

The economic and medical burden created by illness and disease among growing number of older people presents a major challenge for governments and the healthcare system. Healthy older Australians are:

- Less likely to leave the workforce for health reasons
- Decrease your chances of getting a lifestyle illness or disease
- More likely to enjoy retirement
- Contribute more to their own communities
- Fewer healthcare needs

Positive determinants for maintaining the health of older people include sufficient income, safe housing and the right conditions for achieving independence and mobility.

Increased Population Living With Chronic Disease And Disability

Chronic diseases are those diseases that persist over a long period of time. Chronic diseases more commonly affect older people and are associated with disability decreased quality of life and increased costs for health care and long-term care. By making improvements to individual health behaviours, people can prolong their life and also postpone the age of onset of disability. Coronary heart disease and strokes account for the largest number of deaths amongst older people and are also a major cause of disability.

Demand For Health Services And Workforce Shortages

The government has recently proposed a number of initiatives to meet the needs of older Australians, including:

- The provision of more nurses in emergency departments
- Expansion of the roles of nurses
- Increase in community care

People suffering poor health are unable to contribute to the workforce, leading to general shortages of labour. The government has taken action in response to the concern by improving Australia’s retirement income system.

Availability Of Carers And Volunteers.

Australia’s workforce consists not only of paid workers, but also carers and volunteers, who are ageing with the rest of the population. Caring and volunteering activities are beneficial to the economy and that older Australians make a substantial contribution as volunteers and carers. Over half a million volunteers are aged over 65 years.

What role do health care facilities and services play in achieving better health for all Australians?

- HEALTH CARE IN AUSTRALIA

Improving the health status of the population is a major goal for all societies. In Australia, planning for health care must also be taken into consideration.
- Range And Types Of Health Facilities And Services

Institutional facilities and services

→ **Hospitals**: provide general and specialised healthcare. Patients in hospitals are classified as public or private.
  - *Public hospitals* – operated and financed by the government, and the healthcare service is free of charge for patients
  - *Private hospitals* – owned and operated by individuals and community groups. Paid for by the patients, Medicare and private health insurance refund most of the expense.

→ **Nursing home**: care and long-term nursing attention for those who are unable to look after themselves e.g. chronically ill, the elderly and people with disabilities. The federal government funds the running of all nursing homes through taxes.

→ **Psychiatric hospitals**: provides treatment for people with severe mental disorders.

Non-institutional facilities and services

→ **Medical services**: provided by doctors, specialists and other health professionals. General practitioners are most commonly used.

→ **Health-related services**: include other services such as dentistry, optometry, nursing, ambulance services and physiotherapy.

→ **Pharmaceuticals**: drugs supplied through prescription from doctors or hospitals (PBS) or over the counter. The federal government prescribes the Pharmaceutical Benefit Scheme (PBS) drugs for people with special needs.

- Responsibility For Health Facilities And Services

<table>
<thead>
<tr>
<th>Levels of Responsibility</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Federal Government</strong></td>
<td>The federal government is responsible for the formation of national health policies. They control funds obtained through taxes and allocate these to state or local government health sectors. The government assists:</td>
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<tr>
<td></td>
<td>- <em>Medicare</em></td>
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<td></td>
<td>- <em>PBS</em></td>
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<td></td>
<td>- <em>National Heart Foundation</em></td>
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<td></td>
<td>- <em>Royal Flying Doctor Service</em></td>
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<tr>
<td><strong>State Or Territory Government</strong></td>
<td>State or territory governments have the responsibility for providing funding for health and community services. For example:</td>
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<tr>
<td></td>
<td>- Public hospitals</td>
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<td></td>
<td>- Medical practitioners</td>
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<td></td>
<td>- Family health services</td>
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<tr>
<td></td>
<td>Governments also regulate private hospitals and provide immunisation.</td>
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<tr>
<td><strong>Local Government</strong></td>
<td>Local level of government is responsible for implementing state health policies and controlling local environmental issues. Providing a range of personal, preventive and home care services. For example:</td>
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<td></td>
<td>- <em>AA meetings</em></td>
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<tr>
<td><strong>Private Sector/NGO’s</strong></td>
<td>Provides a wide range of services. For example:</td>
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<tr>
<td></td>
<td>- <em>Private health services</em></td>
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Generally privately owned, funded and operated through businesses, charity or religious groups.

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<tr>
<th>Community Groups</th>
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<tr>
<td>On a community level these groups are responsible for promoting health within a more concentrated or focused area of health. For example:</td>
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<tr>
<td>- Meals on Wheels</td>
</tr>
</tbody>
</table>

### Equity Of Access To Health Facilities And Services

There are two dimensions to equity of access to health facilities and services.

- *Horizontal equity* – equal treatment for similar needs. Medicare aims to provide the majority of Australians with equal access to basic healthcare. PBS ensures a range of necessary prescription medicines are made available at affordable prices.

- *Vertical equity* – priority treatment of those groups with increased health needs and reduced access to health facilities and services. Horizontal and vertical equity are both essential aspects of a complete health system, governments find it easier to work on a horizontal level of equity. Less complex and does not involve the issues associated with needing to prioritise population groups.

### HealthCare Expenditure Versus Expenditure On Early Intervention And Prevention

**Health expenditure**

Health expenditure is the allocation of funding and other economic resources for the provision and consumption of health services. Two types:

- *Recurrent expenditure* – regular ongoing costs (salaries, bandages).
- *Capital expenditure* – infrequent costs (buildings, equipment)

Different illnesses have different patterns of expenditure by type of health service. Cardiovascular diseases, cancers and injuries accounted for a relatively high proportion of total expenditure on hospital patient services.

**Intervention and prevention expenditure**

‘Public health’ is also referred to as ‘preventive health’. Public health interventions focus on prevention, promotion and protection rather than on treatment. It centres populations rather than on individuals and on the factors and behaviours that cause illness. Early intervention and prevention strategies are carried out by all governments, as well as non-government agencies. For example:

- Cancer Council
- Heart Foundation

Programs aimed at prevention and health promotion, such as school education and support programs, are efficient and increasingly accepted and used.

Governments still have not fully acknowledged health promotion as a cost-effective method.
of reducing morbidity and mortality. The new public health approach focuses on shifting away from medically dominated expenditure to health promotion expenditure. Governments do not use preventative strategies because they aren’t a quick fix, which means they will not stay in office if they focus on preventative measures.

- **Impact Of Emerging New Treatments And Technologies On Health Care, E.G. Cost And Access, Benefits Of Early Detection**

Much of the rise in healthcare costs can be attributed to advances in medical technology. Diagnostic and therapeutic advances come at a considerable cost. Medicare or the Pharmaceutical Benefit Scheme greatly increases their availability and use, and therefore the cost to the community.

Treatments and technologies have emerged that address the essential needs of access and early detection. Two programs that have been effective in achieving this are:

- **Cancer screening** – national population screening programs for breast, cervical and bowel cancers. Their goal is to reduce morbidity and mortality, through early detection and pre-cancerous abnormalities and effective follow-up treatment.
- **Childhood vaccinations** – covers children’s vaccinations for tetanus, whooping cough, polio, mumps and meningococcal.

- **Health Insurance: Medicare And Private**

**Medicare**

Medicare is the public health insurance system in Australia. It aims to make health care accessible to all and is largely funded by taxes. ‘Bulk billing is when the doctor only charges 85% of the scheduled fee. ‘Close the Gap’ has governments encouraging doctors and health funds to offer services at a no-gap charge.

Public health insurance covers:

- **Free treatment in public hospitals**
- **Shared ward accommodation**
- **No choice of doctor**
- **Some dental procedures**

**Private**

Whilst Australia taxpayers pay for Medicare, the individual, usually in monthly installments, pays for private health insurance. The increase in private health insurance membership that resulted was only temporary. Young people and the elderly are the groups least likely to take out private health insurance.

The benefits of private health insurance include:

- **Single-room accommodation**
- **Hospital/doctor of choice**
- **Ancillary benefits (physio, dental etc.)**
- **Overseas cover**
- **Shorter waiting time for elective surgery**

- **COMPLEMENTARY AND ALTERNATIVE HEALTH CARE APPROACHES**

- **Reasons For Growth Of Complementary And Alternative Health Products And Services**
Alternative medicines fall outside the realm of mainstream medicines. They are often based on untested or unscientific methods and knowledge. It is also referred to as ‘complementary medicine’.

There are several reasons for the increasing use of complementary and alternative healthcare approaches. Complementary and alternative health care:

- Shifts the focus away from drugs and surgery
- Encourages the use of ‘natural’ products
- Personal connection with the healer
- Cannot be scientifically tested, no proof they don’t work
- Lower costs
- Trusted by many people

- Range Of Products And Services Available

<table>
<thead>
<tr>
<th>Products/service available</th>
<th>Description</th>
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<tbody>
<tr>
<td>Acupuncture</td>
<td>Uses fine needles to stimulate changes in the energy balance of the body to restore health</td>
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<tr>
<td>Aromatherapy</td>
<td>Uses essential oils from flowers, plants, trees and resins in order to stimulate or relax, prevent infection or maintain resistance to disease.</td>
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<tr>
<td>Chiropractic</td>
<td>Disorders that occur throughout the body are due to spinal displacements and can be relieved through manipulation of the spine</td>
</tr>
<tr>
<td>Herbal medicine</td>
<td>Herbs are used following traditional customs as an alternative to pharmaceutical drugs</td>
</tr>
<tr>
<td>Iridology</td>
<td>Diagnoses the state of the body from examination of the iris</td>
</tr>
<tr>
<td>Naturopathy</td>
<td>Based on the belief that the body can heal and maintain itself. Herbs, vitamins and diet are used to help the person take responsibility for their own health.</td>
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<tr>
<td>Reflexology</td>
<td>Reflexes in the feet and hands relate to most parts of the body and can promote relaxation.</td>
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<tr>
<td>Colonic therapy</td>
<td>Uses water flushes to clean and detoxify the lower intestine. Can relieve backache, headache, bad breath, skin problems and fatigue.</td>
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<tr>
<td>Shiatsu</td>
<td>Therapists use fingers, thumbs, elbows, knees, palm and feet to restore the flow of energy through the body.</td>
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- How To Make Informed Consumer Choices

When purchasing or using any product, it is necessary for the customer to decide whether the claims made are in fact legitimate. It can be difficult to gather evidence regarding the success of alternative healthcare approaches. Drug companies fund the medical research in Australia, not too many tests are conducted on alternative medicines. It is also difficult to run scientific tests on alternative physical therapies, as you cannot provide a ‘placebo’ effect within your research.

What actions are needed to address Australia’s health priorities?

- HEALTH PROMOTION BASED ON THE FIVE ACTION AREAS OF THE OTTAWA CHARTER

- Levels Of Responsibility For Health Promotion
The breakthrough for health promotion came in the form of the Ottawa Charter for Health Promotion in 1986.

**Individuals**

Emphasis was placed on enabling people to make the changes required through the provision of education, the teaching of life skills, providing equal access to resources and providing opportunities to make changes.

**Community**

Responsibility for health promotion is no longer solely with the health sector. Mediation between governments, health professionals, organisations, researchers, media, industry, communities, families and individuals. This is referred to as ‘intersectoral collaboration’.

- **The Benefits Of Partnerships In Health Promotion, E.g. Government Sector, Non-Government Agencies And The Local Community**

By combining a broad range of sectors in health promotion initiatives, all social determinants of health are better addressed. Governments, non-government organisations, community groups, schools, housing, businesses and recreation clubs can all combine resources to ensure a better outcome for health promotion strategies.

Bringing different sectors of the community together for health promotion programs is the development of a stronger community network, as people work together towards a mutually beneficial goal.

- **How Health Promotion Based On The Ottawa Charter Promotes Social Justice**

The Ottawa Charter identifies three basic strategies for health promotion.

- *Advocate* – gain political commitment, policy support and social acceptance of a health program. Can be achieved through media campaigns and political lobbying.
- *Mediate* – sectors of the community need to work together in the best interest of health. Conflict may arise regarding distribution of resources and different practices used.
- *Enable* – empower individuals, so that they can take action to protect their health. May be in the form of skill development or in the opportunity to have a say in the shaping of public policies.

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<th>ROAD SAFETY</th>
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<tr>
<td><strong>Action Area</strong></td>
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<td>Developing personal skills</td>
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| Creating supportive environments | A supportive environment significantly increases the chance of a person being able to make positive changes to their health. The place they live and the people around them can either create barriers to good health or help to break down barriers. Health promotion aims to create safe, stimulating,
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<tr>
<th><strong>Satisfying and enjoyable living and working conditions.</strong> For example:</th>
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<tr>
<td>o Demerit points</td>
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<tr>
<td>o Non-smoking areas</td>
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<tr>
<td>o Seatbelts</td>
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<tr>
<th><strong>Strengthening community action</strong></th>
<th>This increases a community’s control over the determinants of health. The community should have a say in setting priorities for health, making decisions, planning and implementing health promotion strategies. Communities that combine their skills and resources for health provide social support for health and gain increased influence and control over the determinants of health in their community. For example:</th>
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<td>o RBT</td>
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<tr>
<td>o Roundabouts</td>
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<tr>
<td>o Rest areas</td>
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<tr>
<th><strong>Reorienting health services</strong></th>
<th>The process of reorienting health services encourages the health sector to move beyond its traditional role of providing curative services. The health sector should focus solely on the treatment of illness and disease but also on disease prevention and health promotion. For example:</th>
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<tbody>
<tr>
<td>o Support and counseling for offenders of drink driving</td>
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<tr>
<th><strong>Building healthy public policy</strong></th>
<th>Through implementing legislation, and policies governments can work towards creating equity among individual across different populations. For example:</th>
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<tbody>
<tr>
<td>o Driver education</td>
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<td>o Advanced driving courses</td>
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