

## Contents

- Week 1- Accessing your health (page 1)
- Week 2- Managing weight (page 8)
- Week 3- Nutrition (page 15)
- Week 4- Improving personal fitness (page 24)
- Week 5- Alcohol (page 30)
- Week 6- Tobacco use (page 35)
- Week 7- Addiction and drug abuse (page 39)
- Week 8- Stress (page 44)
- Week 9- Psychological health (page 49)
- Week 10- Reproductive health (page 55)

## Week 1- Accessing your health

### Health

**Health-** a state of complete physical, social and mental wellbeing and not merely the absence of disease or infirmity

- Shift from medical model of health to public health (understanding of health and wellbeing)
- **Life expectancy-** expected number of years of life remaining at a given age, such as birth
- **HALE-** expected number of years of full health remaining at a given age

### Models of health

**Medical model-** a view of health that focuses primarily on the individual and a biological or diseased organ perspective

**Ecological/Public health model-** a view of health in which diseases and other negative health events are seen as a result of an individuals' interaction with his or her social and physical environment

### Dimensions of health

**Wellness-** the dynamic, ever-changing process of trying to achieve ones potential in each of the six interrelated dimensions based on ones unique limitations and strengths

1. **Physical-** ability to perform normal activities and daily living or those tasks that are necessary to existence in society
  - Characteristics such as size, weight, susceptibility to disease, physical fitness
2. **Social-** the ability to have a broad social network and maintain satisfying interpersonal relationships with family, friends and partners

- Eg. being supportive and nurturing and successfully interacting and communicating with others in a range of social settings
3. **Intellectual**- the ability to think clearly, reason objectively, analyse critically and use brain power effectively to meet life's challenges
    - This includes learning from successes and mistakes and making responsible decisions that consider all aspects of the situation
  4. **Emotional**- being able to express emotions when appropriate and control them when not
    - Self-esteem, confidence, trust, love are all apart of emotional health
  5. **Spiritual**- having a sense of meaning and purpose in life, may include believing in a supreme or following a particular religion
    - It involves the ability to understand and express one's purpose in life
  6. **Environmental**- entails understanding how health and the environments in which you work, live and play can positively or negatively impact you, protect yourself from hazards and working to preserve, protect and improve environmental conditions for everyone

### The changing face of health in Australia

- Increase in life expectancy from 1800's to present
- ↓ OECD average: mortality from ischaemic heart disease, prevalence of dementia
- Longer life but also healthier: HALE is increasing
- **Healthy life expectancy**- expected number of years of full health remaining at a given age, such as birth
- 56% of Australian's rated their health as excellent or very good (indigenous lower)

### Leading causes of death

Top 10 Causes of Death In Australia	
1907	2014
Tuberculosis	Coronary heart disease
Organic heart disease	Dementia & Alzheimer disease
Diarrhoea	Cerebrovascular disease
Senility	Lung cancer
Congenital	Chronic obstructive pulmonary disease (COPD)
Bronchitis	Diabetes
Cerebrovascular disease	Colorectal cancer
Nephritis	Cancer, unknown/ill-defined
Pneumonia	Heart failure
Unspecified	Prostate cancer

In the early 1900's disease was attributed to infectious disease

Due to recent improvements in public health, vaccines and antibiotics the focus is now on chronic disease

**Chronic disease**- a disease that typically begins slowly, progresses and persists, with a variety of signs and symptoms that can be treated but not cured by medication

- 50% of Australian's (11million) have at least 1/8 chronic diseases
- These include: Arthritis, Asthma, Back problems, Cancer, COPD, Diabetes mellitus, Mental or behavioural condition

The WHO estimate that if the **major risk factors for chronic disease were eliminated** (lack of exercise, smoking, having a balanced diet) 80% of heart disease, stroke and type 2 diabetes and 40% of cancer **would be prevented**

### What influences health?

**Determinants of health-** the array of critical influences that determine the health of individuals and communities

#### Individual behaviour

Can help you attain, maintain or regain good health, but can also detriment your health. We can choose to engage in or not, individual level. Examples include: poor nutrition, physical activity, excessive alcohol consumption and tobacco use

#### Biology and genetics

These are factors that you typically cannot change or modify. It includes things such as genetically inherited conditions such as sickle cell anemia, inherited predispositions such as asthma, allergies, cancer. It also refers to innate characteristics such as age, gender, ethnicity and body structure

#### Social factors

Includes social and physical conditions of the environment where people are born and live Encompasses economic factors (SES, access to resources, education) and the built environment (crime, poverty, good living conditions). Of central importance is also the amount of social support available. Also modelling off your parents behaviours

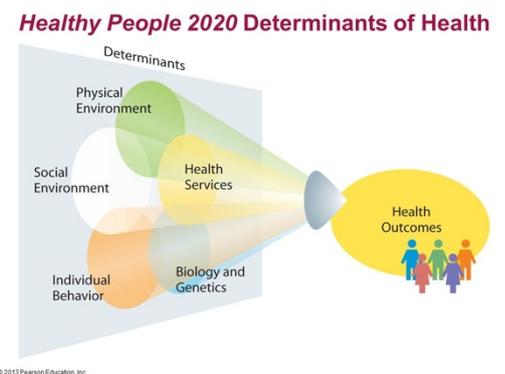
#### Health services

Also determined by access to quality healthcare, not only services for physical and mental health but relevant information and products such as glasses and medications.

#### Policy making

Public policies and interventions can have powerful and positive effects on the health of individuals and communities. This may include smoking laws, seat belt use and laws surrounding phones while driving. They protect public health and motivate people to change

### Models and theories of behaviour change

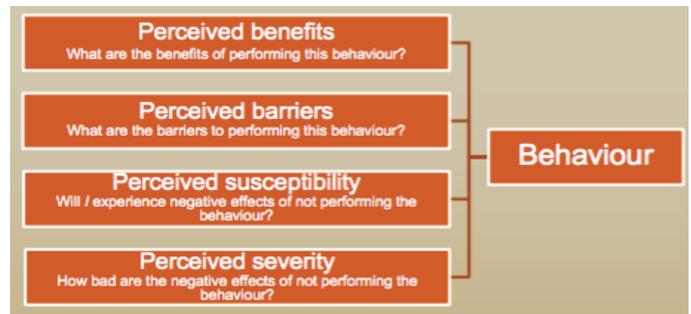


Behaviours related to health are complex and resistant to change. Theories and models can guide our development and refine our health efforts (change, promotion and care). This can be done at different levels being the individual, social/environmental and community

### Health belief model

The likelihood of individual taking action for a particular health problem is based on the interaction of 4 types of beliefs. Individuals will take action if these 4 conditions are met.

- Desire to avoid illness
- Belief that specific action will prevent/cure illness
- Descriptive model rather than explanatory
- Does not suggest strategy for change



**Perceived seriousness-** the more serious the perceived effects the more likely action will be taken

**Perceived susceptibility-** people who perceive themselves at high risk are more likely to take preventive action

**Perceived benefits-** people are more likely to take action if they believe that this action will benefit them

**Perceived barriers-** even if a recommended action is perceived as effective the individual may believe it is too expensive, difficult, inconvenient, time consuming

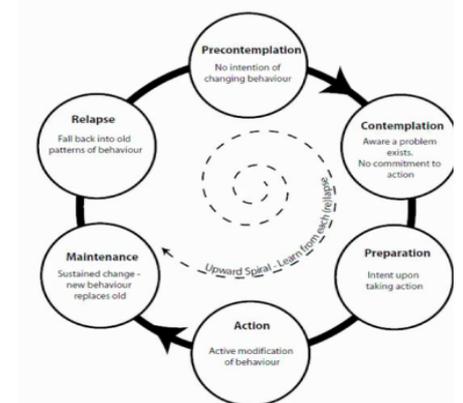
### Limitations

- Does not account for individual attitudes, beliefs, habitual behaviours (smoking), social acceptability, environmental factors and economic factors

### Transtheoretical model

80% of people are not ready for change, thus TTM identifies 6 distinct stages people go through in altering behaviour patterns.

1. **Precontemplation-** have no current intention of changing. May have tried before, given up or unaware of any problem
2. **Contemplation-** people recognise they have a problem and begin to contemplate change. People can languish in this stage for years realising they have a problem but lacking time or energy to change
3. **Preparation-** close to taking action, what they might do and might have come up with a plan



4. **Action-** people begin to follow action plans, those who have prepared for action and made a plan are more ready than those who have not
5. **Maintenance-** a person continues actions and works towards making these permanent. It is important to be aware of potential relapses and develop strategies to deal with these challenges

*Limitations:*

- Ignores social context (SES and income), lines between stages are arbitrary (no set criteria and time)
- Assumes individuals act in a linear fashion to make coherent and logical plans in their decision making process (but not always true)

### **Social cognitive theory/model**

Emphasizing the role of social factors and cognitive processes (thoughts and feelings) in behaviour change. Proposes that three factors interact in a reciprocal fashion to promote and motivate change. These factors are:

1. Social environment in which we live
  2. Our inner thoughts and feelings (cognition)
  3. Our behaviours
- We change our behaviour in part by observing models in our environments from childhood to the present moment- reflecting on our observations, and regulating ourselves accordingly
  - Eg. if a child observed their mother successfully quitting smoking, we are more likely to believe we can do it too
  - In addition, when we succeed in changing ourselves we change our thoughts about ourselves, promoting further change

### **Four step plan to behaviour change**

#### **1. Increase your awareness**

Before you can change your behaviour you must be aware of the behaviours which can be prevented and are risk factors for the condition

#### **2. Contemplate change**

*Examine your health habits and patterns*

- How long have these behaviours existed, how serious and the consequences and what kind of things trigger it, reasons for continuing, involvement of others
- **Predisposing factors** are those that give tendency to be susceptible to a disease such as parents smoking
- **Enabling factors** factors which may encourage or discourage the behaviour such as your peers smoking

- **Reinforcing factors** social environment, if you decide to stop smoking but your family and friends still smoke you may lose your resolve

#### *Identify a target behaviour*

- What do I want, which change is the greatest priority, why is it important to me?
- Successful targeting involves filling in the details and making it clear what behaviour to change

#### *Learn more about the target behaviour*

- Now you know what you want to change learn more about it.
- For example, if you want to meditate for 15 minutes a day learn what it is and the potential benefits and obstacles to doing so

#### *Access your motivation and readiness to change*

- Wanting to change is an essential prerequisite of the change process but to achieve it you need motivation
- **Motivation-** a social cognitive and emotional force that directs human behaviour
- Motivation has to be combined with common sense, commitment and a realistic understanding of how to move through a change

#### *Develop self efficacy*

- Self efficacy is the belief that you can achieve your goals and influence events in your life
- People with good self efficacy approach the change process positively, therefore more likely to be successful

#### *Cultivate an internal locus of control*

- People who have a strong locus of control believe they have power over their actions
- People with external locus of control can succumb to feelings of anxiety and disempowerment and give up

### **3. Prepare for change**

#### *Set a realistic goal*

- Is a goal you can truly achieve, knowing that it is attainable increases motivation

#### *Use the SMART system*

- Specific, Measurable, Action-orientated, Realistic, Time-orientated

#### *Use shaping*

- **Shaping**- using a series of small steps to achieve a goal
- Start slowly to avoid hurting yourself. Suppose you wanted to start running 5km, it doesn't happen over night so you start at lower km

#### *Anticipate barriers to change*

- This would allow you to fully prepare, barriers besides the determinants of health include:
- Over ambiguous goals, self-defeating beliefs and attitudes, failing to accurately assess your state of wellness, lack of support and guidance and emotions that sabotage your efforts and sap your will.

#### *Enlist others as change agents*

- **Modelling**- learning specific behaviours by watching others do them
- Can be family members, friends (for norms), professionals or even signing a contract to make a formal behaviour change

### **4. Take action to change**

#### *Visualize new behaviour*

- **Imagined rehearsal**- practicing, through mental imagery to become better able to perform an action in actuality

#### *Learn to counter*

- **Countering**- substituting a desired behaviour for an undesired one

#### *Control the situation*

- Any behaviour has antecedents and consequences
- Antecedents are aspects of the situation that come beforehand and cue a person to act in a certain way. Consequences are the results of that behaviour
- Noting these undesirable behaviours of when and when these happen can help the process of **situational inducement** where good antecedents are promoted and ones derailing change are removed

#### *Change your self talk*

- Use rational and positive statements
- Practice blocking and stopping negative thoughts

#### *Reward yourself*

- **Positive reinforcement** is about rewarding yourself for positive behaviour change
- Can come in the forms of consumable rewards, activity reinforces, manipulative, possessional and social reinforcers

### *Journal*

- Important skill for positive behaviour change and tracking your progress