Health 2019 v1.2

Health inquiry model resource

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Queensland Government
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QCAA
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For all Queensland schools

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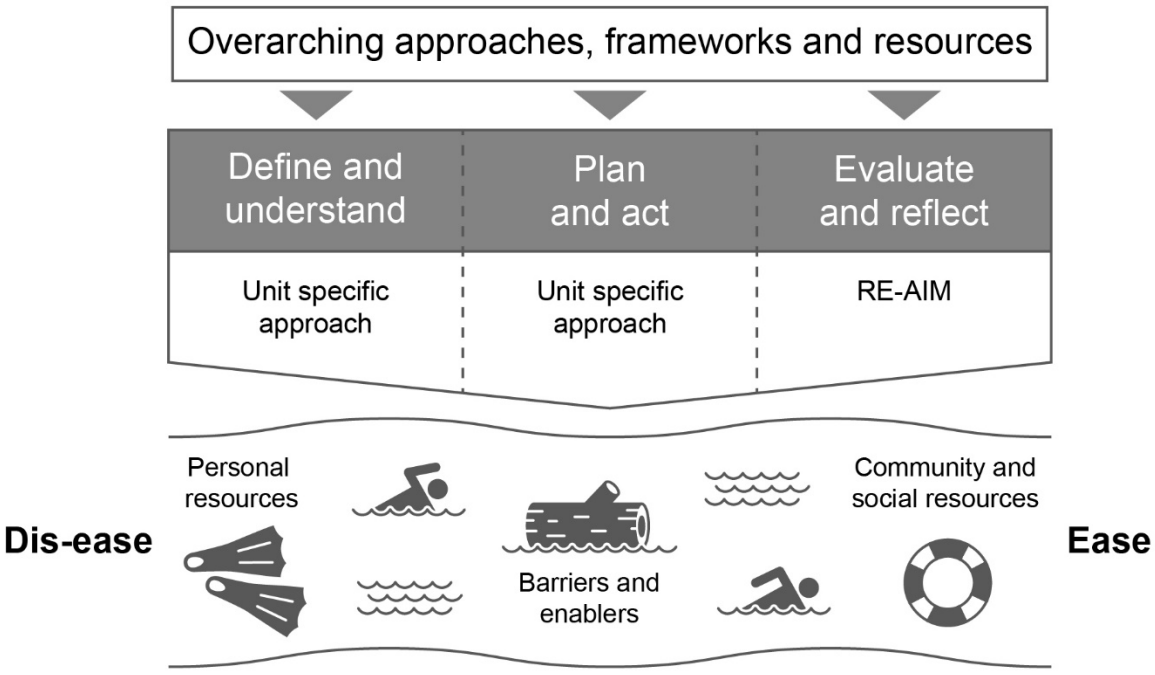
The Health inquiry model

The Health inquiry model used throughout the Health General Senior Syllabus 2019 (v1.2) is based on Antonovsky's (1979) salutogenic model of health (Lindström & Eriksson 2010). The salutogenic approach is the overarching approach in the Health inquiry model.



Salutogenic approach

Salutogenesis is a term coined by sociologist Aaron Antonovsky to describe an approach where health is viewed as a continuum between 'dis-ease' and 'ease', where an individual's health status is fluid depending on the issue, context and available resources. Moving towards a position of ease is enhanced when individuals can access and use social and community resources to strengthen, build or maintain personal resources. Salutogenic theory provides the foundational understanding and educative purpose needed for a strengths-based approach. The salutogenic approach focuses on factors that support human health and wellbeing, rather than on factors that cause disease.

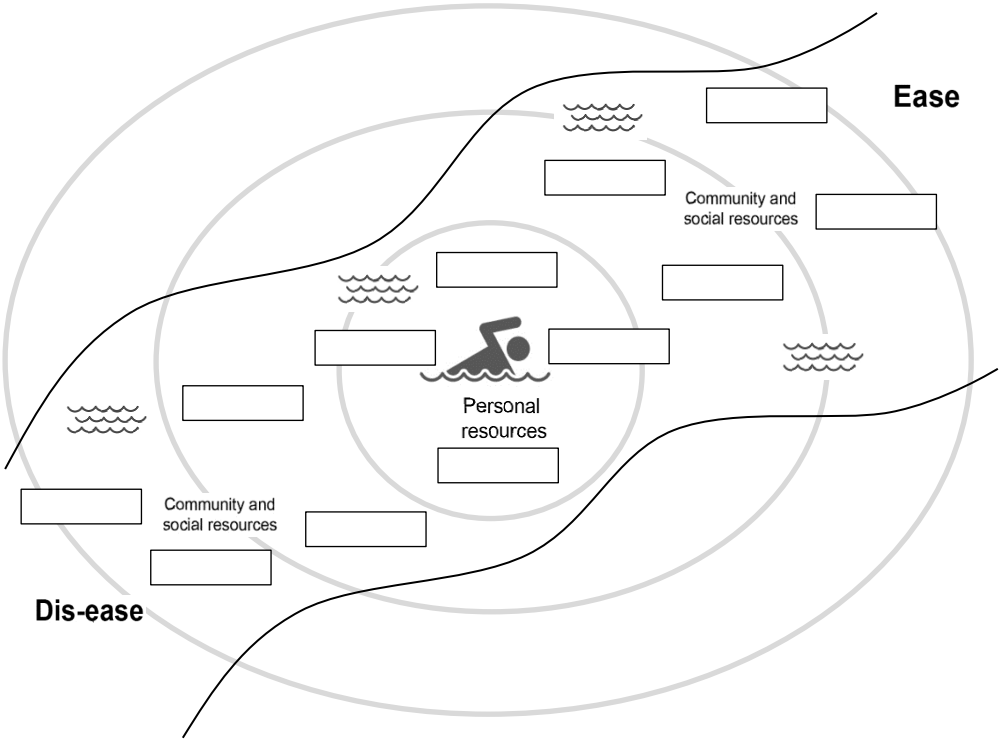
Antonovsky used a river of life metaphor to clarify his vision of salutogenesis as a theory to guide health promotion. From this perspective, health should be attended to as a dynamic, ever-present relation between the swimmer and the river. Rather than prevent us from swimming in the river or rescue us from the dangerous river, the salutogenic intention is to improve our skills to make swimming safer and to search the river for dangerous spots.

In the practice of health promotion, the salutogenic approach means investing in conditions that contribute to health and involving individuals in change processes to give them more freedom of choice, input, and resistance resources (Health Promotion Switzerland 2013).

Two river of life graphic organisers have been developed and sample learning experiences that use these resources are explained in the sample teaching, learning and assessment plans.

River of life graphic organiser 1

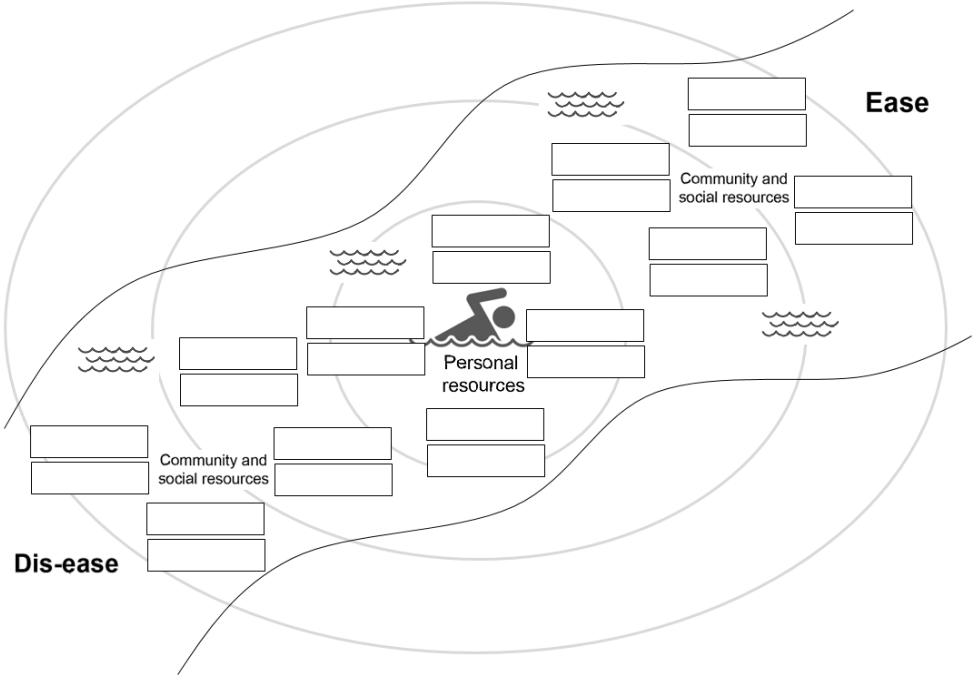
Factors that influence health are placed in the boxes.



River of life graphic organiser 2

Factors that influence health (determinants) are placed in the top boxes.

Classifications of determinants, and/or targeted health promotion strategies, are placed in the bottom boxes.



Glossary definitions from the Health General Senior Syllabus 2019 (v1.2)

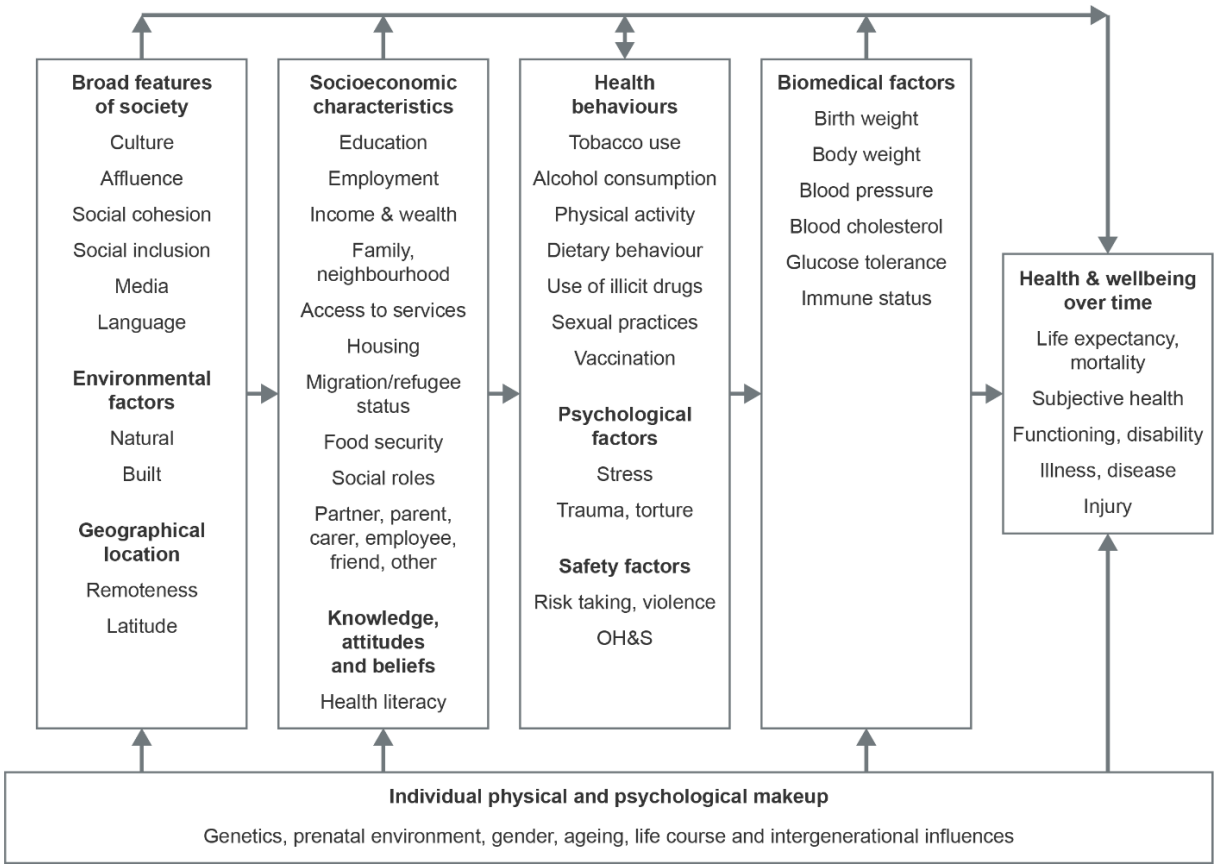
Term	Explanation
barriers	individual and environmental factors that limit access to personal, social and community resources
dis-ease	the 'total absence of health' pole as opposed to the 'total health' ease pole on the ease–dis-ease health continuum
ease	salutogenic approach represents ease as the 'total health' pole as opposed to 'total absence of health' dis-ease pole on the dis-ease–ease health continuum
enablers	individual and environmental factors that increase access to individual, social and community resources
general resistance resources	any characteristic in persons, groups or environments that can facilitate effective tension management; a general resistance resource is a physical, biochemical, artefactual material, cognitive, emotional, valuative–attitudinal, interpersonal–relational, macrosociocultural characteristic of an individual, primary group, subculture or society that is effective in avoiding or combating a wide variety of stressors (Buch 2006)
river	the salutogenesis metaphor used by sociologist Anton Antonovsky represents life as a river in which everyone is a swimmer (Antonovsky 1996); health should always be attended to as a dynamic, ever-present relation between the swimmer and the water, for it is from the river that the individual develops 'resources for life'; overcoming the challenges, dangers and stressors of the river of life can therefore depend on the ability of the swimmer to recognise, gain, use and reuse these health resources in a health-promoting way (Lindström & Eriksson 2010 in McCuaig et al. 2013)
strengths-based approach	the strengths-based approach focuses on the capacities, competencies, visions, values and hopes of all students, regardless of their current circumstances, to optimise their health and that of others. Its foundation is the concept of salutogenesis that looks to extend preventive health to the creation of health through individual, community and societal assets (ACARA 2012)
stressor	a stressor is a demand made by the internal or external environment of an organism that upsets its homeostasis (Antonovsky 1979); stressors can be categorised with respect to locus (internal or external), duration, temporality (acute, time limited, chronic and intermittent), forecasting (predictable or unpredictable), tone (positive or negative) and impact (normative or catastrophic) (Hill Rice 2012)
swimmer	the salutogenesis metaphor used by sociologist Anton Antonovsky represents swimmers as individuals who are all swimming in a river of life; the swimmers' skills can be enhanced so they are better equipped to encounter the 'dangerous spots' within the river (Health Promotion Switzerland 2013)

Health inquiry model overarching frameworks

The two overarching frameworks used in the Health inquiry model are:

- Australian Institute of Health and Welfare (AIHW) conceptual framework for the determinants of health
- framework for health promotion action.

AIHW conceptual framework for the determinants of health



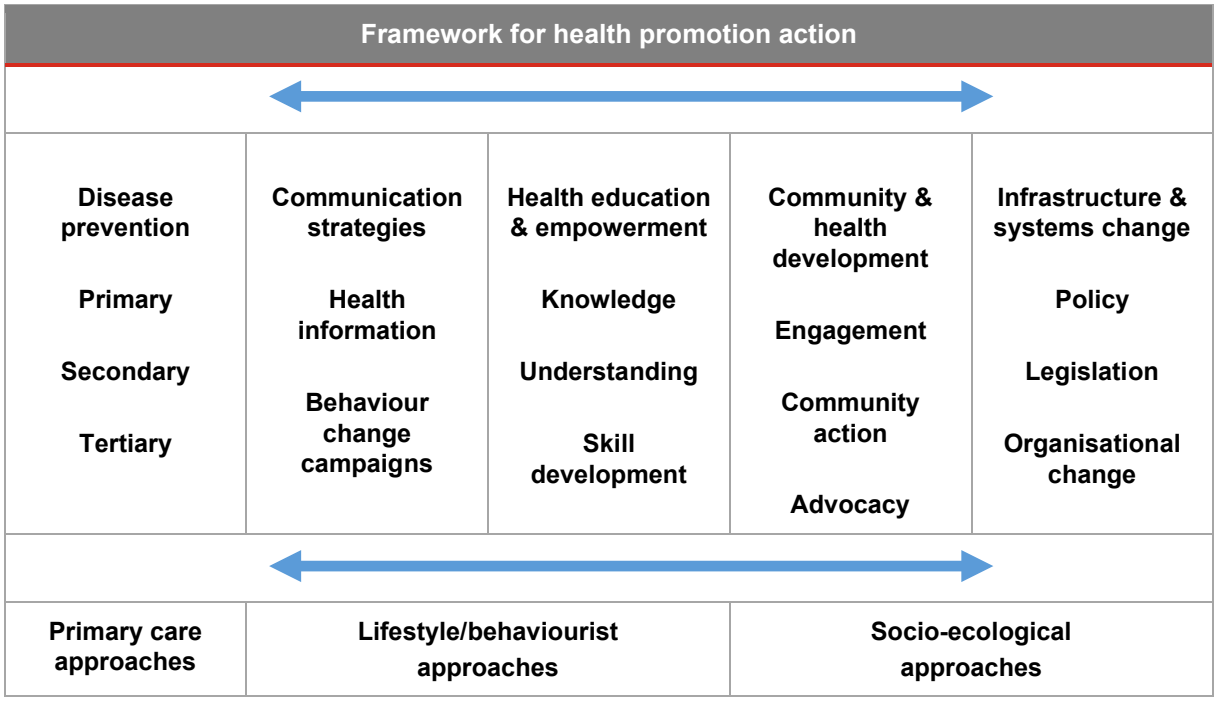
Adapted from Australian Institute of Health and Welfare (AIHW) 2014, *Australia's Health 2014*, Australia's health series no. 14. Cat. no. AUS 178, www.aihw.gov.au/reports/australias-health/australias-health-2014.

In Health Unit 1, students are introduced to the range of personal, social, economic and environmental factors that influence the health status of individuals or populations through the salutogenic river of life. The influencing factors are classified as determinants using the AIHW conceptual framework for the determinants of health, and students develop a more sophisticated understanding of the categories of determinants and influencing factors and whether they are modifiable or non-modifiable across the course of study.

Glossary definitions from the Health General Senior Syllabus 2019 (v1.2)

Term	Explanation
biological factors	anything that affects the function and behaviour of a living organism; internally this factor can be a physical, physiological, chemical, neurological or genetic condition (Nugent 2013)
biomedical factors	blood pressure, blood cholesterol and bodyweight are among the important biomedical factors that affect health; the levels of these factors in an individual are the result of lifestyle, behaviour and genetic predisposition (AIHW 2000)
chemical factors	exposure to toxic substances, such as lead, cadmium, cobalt, arsenic, carbon monoxide, passive smoking, organic solvents, carbon disulphide, nitroglycerine, nitroglycol, petrochemicals and agricultural chemicals, from air, soil and water sources, through inhalation, ingestion and skin contact pathways, which can impact individual and population health
genetic factors	genetic factors play an important role in human health and disease; an individual's genetic makeup (genome) sets the main features and boundaries within which life is to be experienced; it also provides the blueprint for how the human body interacts with the environment; in addition, the genome is programmed to protect its own molecular structure and to repair any damage caused to it by environmental agents (AIHW 2000)
health behaviour	any activity undertaken by an individual, regardless of actual or perceived health status, for the purpose of promoting, protecting or maintaining health, whether or not such behaviour is objectively effective towards that end (WHO 1998)
health literacy	the cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health (WHO 1998); there are three levels of health literacy — functional, interactive and critical (Nutbeam 2000)
human-made factors	a sub-category of environmental factors that influence health, specifically as a result of human impact on the environment; factors include human-induced chemical pollution, waste products and climate change (AIHW 2018)
landscape	landscapes have the potential to promote mental wellbeing through attention restoration, stress reduction, and the evocation of positive emotions; physical wellbeing through the promotion of physical activity in daily life as well as leisure time and through walkable environments; and social wellbeing through social integration, social engagement and participation, and through social support and security (Abraham et al. 2010)
physical determinants	physical determinants of health include individual physical and psychological makeup (genetics, intergenerational, ageing and life-course influences) and biomedical factors such as body weight, blood pressure, blood cholesterol, glucose tolerance and immune status (AIHW 2014)
sociocultural factors	sociocultural factors are customs, lifestyles and values that characterise a society or group; cultural aspects include concepts of beauty, education, language, law and politics, religion, social organisations, technology and material culture, values and attitudes; social factors include reference groups, family, role and status in society, time and available resources (Reference.com n.d.)

Framework for health promotion action



Adapted from Murphy, B & Keleher, H n.d., *Framework for Health Promotion Action: A discussion paper for course development*, School of Health and Social Development, Deakin University, Melbourne.

This conceptual framework organises health promotion action according to categories of focus and levels of delivery. Health uses a revised version of the framework for health promotion action presented by Murphy and Keleher (2003).

Glossary definitions from the Health General Senior Syllabus 2019 (v1.2)

Term	Explanation
action strategies	can be directed at strengthening the skills and capabilities of individuals and changing social, environmental and economic conditions to increase control over the determinants of health, thereby improving individual and public health; participation is essential to sustain health promotion action (WHO 1998)
advocate	to argue in support of a cause or position, or speak out and act on behalf of yourself or another to ensure that your or others' interests are taken into account (ACARA 2016)
approaches	in Health, groups the theories, models and frameworks that are used in the syllabus; Health has an overarching approach and unit-specific approaches
disease	a physical or mental disturbance involving symptoms, dysfunction or tissue damage (AIHW 2014)
framework	frameworks promote a common understanding of an issue; a conceptual framework aims to assist with the understanding and presentation of a concept; it defines a set of terms associated with the concept and describes a systematic approach to presenting the features of the concept (AIHW 2016)

Term	Explanation
government policy	a plan of action; the general principles by which a government is guided in its management of public affairs, including legislature
health behaviour	any activity undertaken by an individual, regardless of actual or perceived health status, for the purpose of promoting, protecting or maintaining health, whether or not such behaviour is objectively effective towards that end (WHO 1998)
health education	any combination of learning experiences designed to help individuals and communities improve their health by increasing their knowledge or influencing their attitudes (WHO n.d.b)
health system	consists of all organisations, people and actions whose primary interest is to promote, restore or maintain health; the six building blocks are: health services; health workforce; health information system; essential medical products, vaccines and technologies; health financing system; leadership and governance (WHO Western Pacific Region n.d.)
preventive health	approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability (AIHW 2014); an important part of disease prevention is health promotion
primary health care	the first level of contact that individuals, families and communities have with the health care system; this incorporates personal care with health promotion, the prevention of illness and community development; includes the interconnecting principles of equity, access, empowerment, community self-determination and inter-sectoral collaboration; also encompasses an understanding of the social, economic, cultural and political determinants of health (APNA n.d.)

Health inquiry model overarching resources

Health literacy and social justice are the two overarching resources used in the Health inquiry model.

Health literacy

Health literacy comprises the cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand and use information in ways that promote and maintain good health (WHO 1998). There are three levels of health literacy — functional, interactive and critical (Nutbeam 2000).

Glossary definitions from the Health General Senior Syllabus 2019 (v1.2)

Term	Explanation
critical health literacy	builds on functional and interactive health literacy and reflects cognitive and skills development outcomes, which are oriented towards supportive effective social and political action, as well as individual action (Nutbeam 2000)
functional health literacy	based on the communication of factual information on health risks and how to use the health system; typically, this approach does not invite interactive communication or foster skill development (Nutbeam 2000)
interactive health literacy	builds on functional health literacy and focuses on the development of skills in a supportive environment, much of this activity will result in individual benefit rather than population benefit (Nutbeam 2000)

Social justice

The ideology of social justice in Health provides a critical eye for the examination of the consistency, fairness and appropriateness of health outcomes for individuals, groups and communities. The social justice framework has three interrelated principles — diversity, equity and supportive environments (Queensland Studies Authority 2010).

Glossary definitions from the Health General Senior Syllabus 2019 (v1.2)

Term	Explanation
diversity	differences that exist within a group, including age, sex, gender, gender expression, sexuality, ethnicity, ability, body shape and composition, culture, religion, learning styles, socioeconomic background, values and experience; appreciating, understanding and respecting diversity impacts on an individual's sense of self and their relations to others; diversity can be acknowledged through shared activities that may involve building knowledge and awareness, peer teaching, games, dance, food and festivals (ACARA 2016)
equity	equity in health implies that ideally, everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential if it can be avoided (Whitehead 1990 in WHO Regional Office for Europe 1986)
supportive environment	refers to the sociocultural, physical, political, emotional, cultural, educational, economic and social capital surroundings in which positive health outcomes are supported, maintained or promoted (Queensland Studies Authority 2010)

Health inquiry model — Stage 1: Define and understand

Unit 1 — PERMA/PERMA+

Source: Salutegenics Psychology n.d., 'Positive psychology', www.salutegenics.com.au/positive-psychology.html.

Glossary definitions from Health General Senior Syllabus 2019 (v1.2)

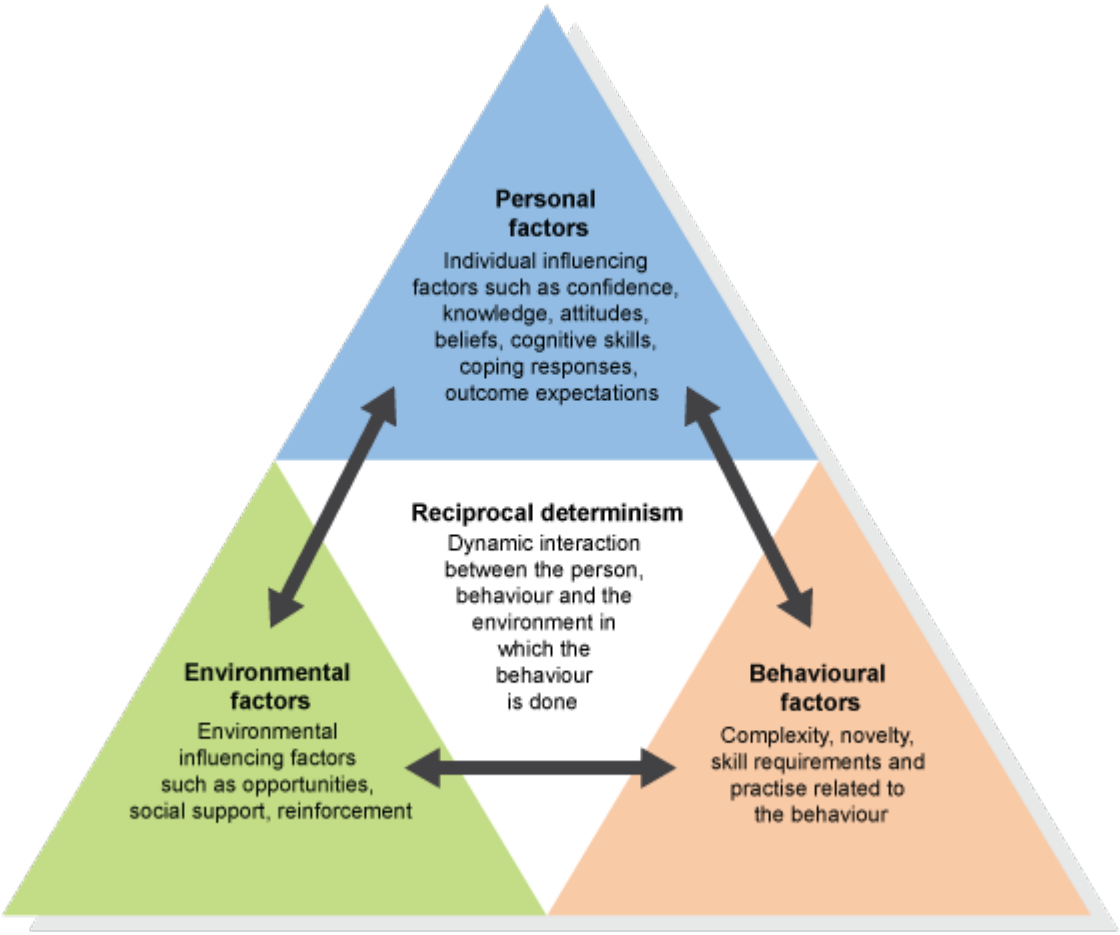
Term	Explanation
PERMA	an acronym for a framework or model of wellbeing put forth by a pioneer in the field of positive psychology, Martin Seligman; according to Seligman, PERMA makes up five important building blocks of wellbeing and happiness: Positive emotions — feeling good, Engagement — being completely absorbed in activities, Relationships — being authentically connected to others, Meaning — purposeful existence, and Accomplishment — a sense of achievement and success (South Australian Health & Medical Research Institute n.d.)
PERMA+	an acronym for Positive Emotion, Engagement, Relationships, Meaning and Accomplishment plus Optimism, Physical Activity, Nutrition and Sleep (South Australian Health & Medical Research Institute n.d.)

Term	Explanation
positive psychology	the scientific study of the strengths that enable individuals and communities to thrive, pioneered by Martin Seligman; the field is founded on the belief that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves and to enhance their experiences of love, work and play (University of Pennsylvania n.d.)

Unit 2 — social cognitive theory

First known as social learning theory (Bandura 1977), and renamed (Bandura 1986) when concepts from cognitive psychology were integrated, social cognitive theory (SCT) is one of the most widely applied theories in health promotion. SCT is based on the idea that behavioural change is directly correlated to self-efficacy and the result of the dynamic interplay between personal, behavioural and environmental influences.

The key concepts of SCT are reciprocal determinism, outcome expectations, self-efficacy, collective efficacy, observational learning, incentive motivation, facilitation, self-regulation and moral disengagement (Glanz et al. 2008).



Developed with assistance from Dr Nicola Burton 2021.

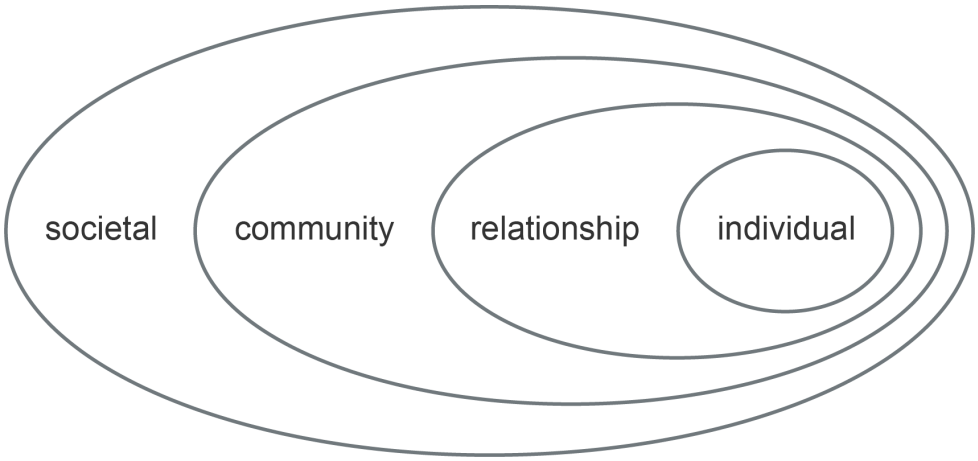
Glossary definitions from the Health General Senior Syllabus 2019 (v1.2)

Term	Explanation
collective efficacy	in social cognitive theory, Bandura extended the concept of perceived efficacy to collective efficacy, which is defined as beliefs about the ability of a group to perform concerted actions that bring about desired outcomes; many of the things that people seek are achievable only by working together with others (Glanz et al. 2008)
facilitation	an environmental determinant of behaviour in social cognitive theory defined as providing tools, resources or environmental changes that make new behaviours easier to perform (Glanz et al. 2008)
incentive motivation	the use of rewards and punishments to modify behaviours (Glanz et al. 2008)
moral disengagement	used in the social cognitive theory, people learn moral standards for self-regulation and can violate those standards through moral disengagement; ways of thinking about harmful behaviours and the people who are harmed that make infliction of suffering acceptable by disengaging self-regulatory moral standards (Glanz et al. 2008)
observational learning	used in social cognitive theory; involves learning to perform new behaviours by exposure to interpersonal or media displays of them, particularly through peer modelling; four processes govern observational learning: attention, retention, production and motivation (Glanz et al. 2008)
outcome expectations	a psychological determinant of behaviour in social cognitive theory defined as beliefs about the likelihood of various outcomes that might result from the behaviours a person might choose to perform and the perceived value of those outcomes (Glanz et al. 2008)
reciprocal determinism	a key concept of social cognitive theory, which states that environmental factors influence individuals and groups, but individuals and groups can also influence their environments and regulate their own behaviour (Glanz et al. 2008)
self-efficacy	self-efficacy refers to beliefs that individuals hold about their capacity to carry out action in a way that will influence the events that will affect their lives; self-efficacy beliefs determine how people feel, think, motivate themselves and behave (Smith et al. 2006)

Unit 3 — social ecological model

Ecological models of health behaviour emphasise the environmental and policy contexts of behaviour, while incorporating the social and psychological influences (Glanz et al. 2008).

The core concept of the social ecological model is that behaviour has multiple layers of influencing factors: individual (biological, psychological), relationship (intrapersonal, social, cultural), community (organisations, media, research institutions, schools, workplaces) and societal (policy, laws, governments).



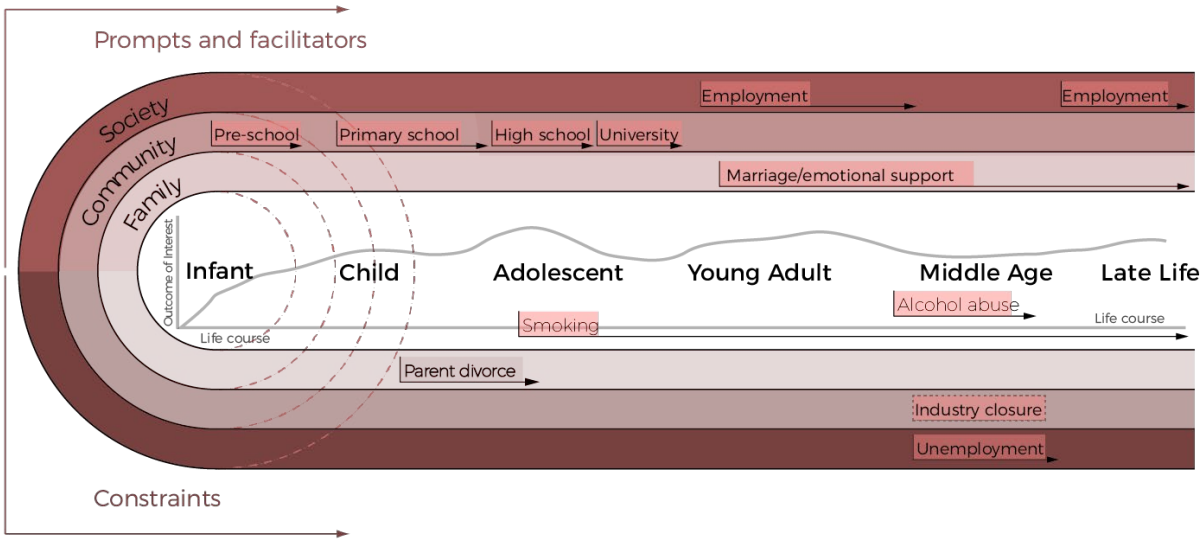
Adapted from Centers for Disease Control and Prevention n.d., 'The social-ecological model: A framework for prevention', www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html.

Levels of influence	Influencing factors	Strategies	Example approaches
Individual	• biological • personal history • age • education • income • health behaviours	• attitude and belief change • behavioural change • knowledge change • perception change	• education • personal skill development • life skills training • decision-making • self-efficacy
Relationship	• peers • partners • family members	• parenting programs • family programs • mentoring • peer programs	• mediation • problem-solving skills • healthy relationships
Community	• characteristics of settings: – schools – workplaces – neighbourhoods – towns/cities – regions	• changes to: – social environment – physical environment ▪ natural ▪ built – access to services, products and providers	• workplace health and safety • health promoting schools • local council infrastructure development

Levels of influence	Influencing factors	Strategies	Example approaches
Societal	• sociocultural and gender norms • health, economic, educational and social policies	• government policies and regulations	• Safer Roads, Safer Queensland road safety strategy • South Australia's PERMA+ public health approach

Unit 4 — life-course perspective

Life-course perspective 'looks at how chronological age, relationships, common life transitions and social change shape people's lives from birth to death … [It] calls attention to how historical time, social location and culture affect the individual experience of each life stage' (Hutchison 2014).



Source: Zubrick, SR, Taylor, CL, Lawrence, D, Mitrou, F, Christensen, D & Dalby, R 2009, 'The development of human capability across the lifecourse: Perspectives from childhood', *Australasian Epidemiologist*, vol. 16, no. 3, pp. 6–10.

Glossary definitions from the Health General Senior Syllabus 2019 (v1.2)

Term	Explanation
life-course	a culturally defined sequence of age categories that people are normally expected to pass through as they progress from birth to death; included in the cultural conceptions of the life-course is some idea of how long people are expected to live and ideas about what constitutes 'premature' or 'untimely' death (Crossman 2017)
life event	significant occurrence involving a relatively abrupt change that may produce serious and long lasting effects (Hutchison 2014)
trajectory	a long-term pattern of stability and change that usually involves multiple transitions across the life-course (Hutchison 2014)
transition	a change in roles and statuses that represents a distinct departure from prior roles and statuses (Hutchison 2014)
turning point	a turning point is a life event or transition that produces a lasting shift in the life-course trajectory (Hutchison 2014)

Health inquiry model — Stage 2: Plan and act

Units 1 and 2 — Ottawa Charter for Health Promotion

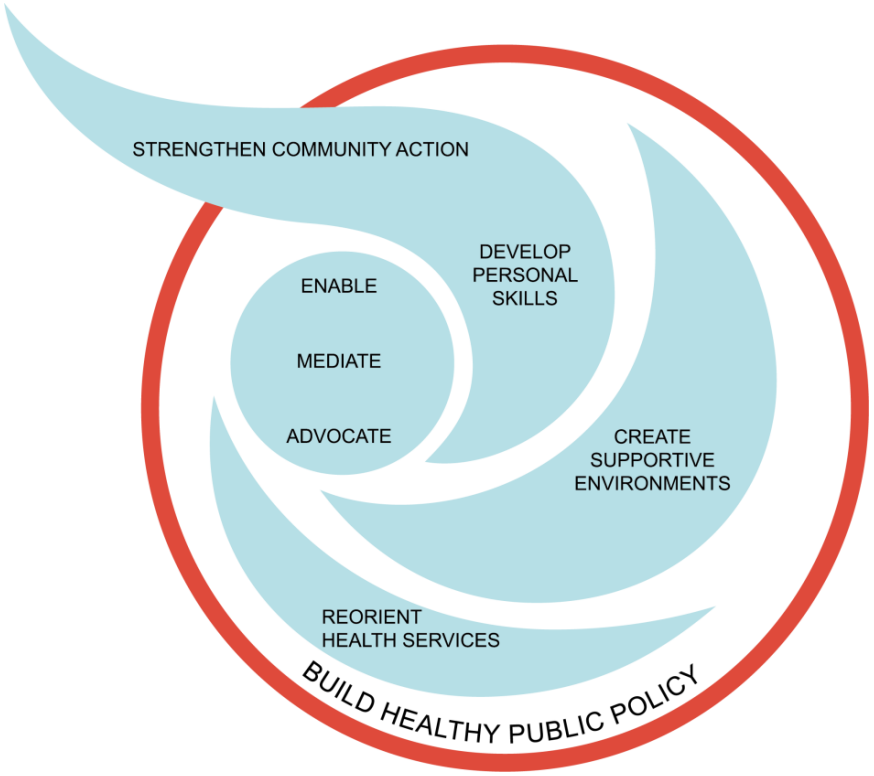
The Ottawa Charter for Health Promotion is used as part of the overarching approaches, frameworks and resources, and specifically for planning and acting in Stage 2 of the Health inquiry model.

The three basic strategies for health promotion identified by the Ottawa Charter are:

- **advocating** for health to create the essential conditions for health
- **enabling** all people to achieve their full health potential
- **mediating** between the different interests in society in the pursuit of health.

Under the Charter, there are five priority action areas that support these basic strategies and are considered the basic tools for health promotion action:

- **building** healthy public policy
- **creating** supportive environments for health
- **strengthening** community action for health
- **developing** personal skills
- **reorienting** health services (Nutbeam 1998).



Adapted from World Health Organization (WHO) n.d.a, 'The Ottawa Charter for Health Promotion: Health promotion emblem', www.who.int/healthpromotion/conferences/previous/ottawa/en/index4.html.

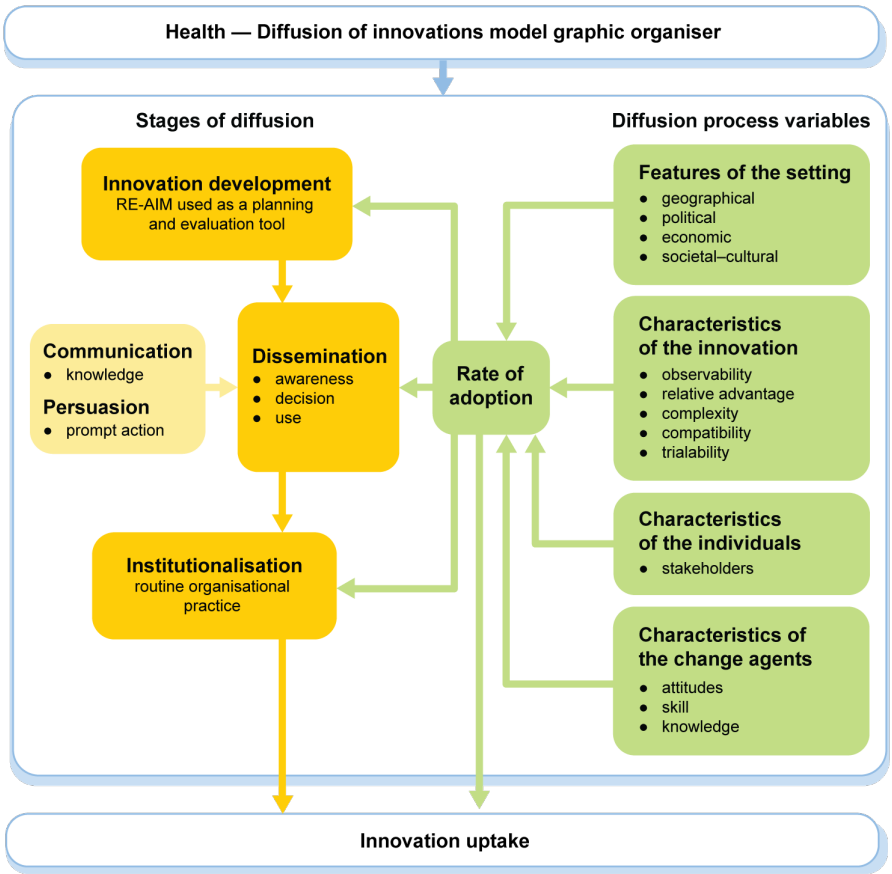
Glossary definitions from the Health General Senior Syllabus 2019 (v1.2)

Term	Explanation
advocate	to argue in support of a cause or position, or speak out and act on behalf of yourself or another to ensure that your or others' interests are taken into account (ACARA 2016)
enable	taking action in partnership with individuals or groups to empower them, through the mobilisation of human and material resources, to promote and protect their health (WHO 1998)
mediate	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 (WHO 1998)

Units 3 and 4 — diffusion of innovations model

Developed by Everett Rogers, the diffusion of innovations model is used to understand the steps and processes required to achieve widespread dissemination and diffusion of public health innovations. The stages of diffusion are innovation development, dissemination, adoption, implementation, maintenance, sustainability and institutionalisation (Glanz et al. 2008).

An innovation is an idea, practice or object that is perceived as new by an individual or other unit of adoption (Glanz et al. 2008).



Developed with assistance from Dr Nicola Burton 2021.

Glossary definitions from the Health General Senior Syllabus 2019 (v1.2) — the stages of diffusion

Term	Explanation
innovation development	the first stage in the diffusion of innovations model, which involves all the decisions and activities (and their impacts) that occur from the early stage of an idea to its development and production (Glanz et al. 2008)
dissemination	the second stage in the diffusion of innovations model, which involves planned, systematic efforts designed to make a program or innovation more widely available to a target audience or members of a social system (Glanz et al. 2008)
institutionalisation	the final stage of the diffusion of innovations model, which involves the incorporation of the program into the routines of an organisation or broader policy and legislation (Glanz et al. 2008)

Glossary definitions from the Health General Senior Syllabus 2019 (v1.2) — diffusion process variables

The following five diffusion process variables are the general factors that influence the success and speed innovations are adopted (innovation uptake).

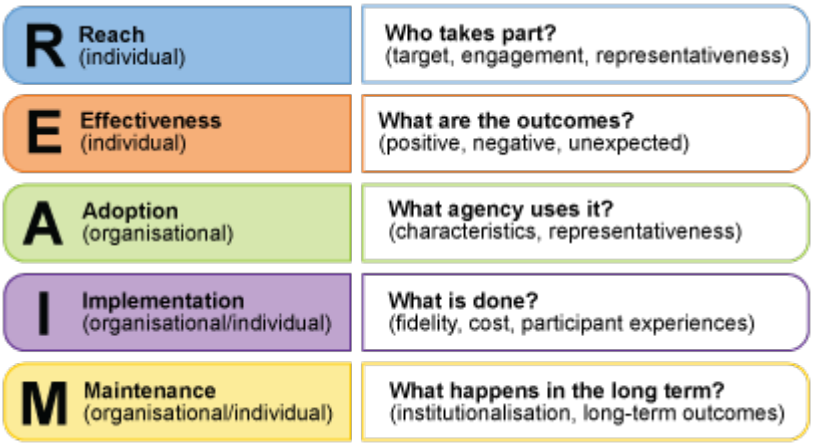
Term	Explanation
characteristics of change agents	an individual who influences clients' innovation-decisions in a direction deemed desirable; enable communication flow to spread awareness and interest in the adoption of an innovation; this skill is identified as targeting which is the process of customising the design and delivery of a communication program based on the characteristics of an intended audience (Rogers 1962)
characteristics of individuals	a diffusion process variable where the process of innovation adoption by individuals is described as a normal, bell-shaped distribution with five adopter categories: innovators, early adopters, early majority adopters, late majority adopters and laggards (Glanz et al. 2008)
characteristics of innovations	a diffusion process variable that defines the characteristics of innovations that most likely affect the speed and extent of the adoption and diffusion process; characteristics are: • relative advantage — is the innovation better than what was there before? • compatibility — does the innovation fit with the intended audience? • complexity — is the innovation easy to use? • trialability — can the innovation be tried before making a decision to adopt? • observability — are the results of the innovation visible and easily measurable? (Glanz et al. 2008)
features of the setting	include geographical, societal culture, political conditions, globalisation and uniformity features (Glanz et al. 2008)
rate of adoption	the speed and extent of the adoption of innovations (Glanz et al. 2008)

Health inquiry model — Stage 3: Evaluate and reflect

All units — RE-AIM

RE-AIM is a scientific method of systematically considering the strengths and weaknesses of health promotion action at multiple levels of influence through the steps of:

- reach — proportion of the target population that participated in the intervention
- effectiveness or efficacy — success rate, defined as positive outcomes minus negative outcomes
- adoption — proportion of settings, practices and plans that will adopt the intervention
- implementation — extent to which the intervention is implemented as intended in the real world
- maintenance — extent to which the program is sustained over time (Glasgow et al. 2006).



Developed with assistance from Dr Nicola Burton 2021.

Glossary definitions from the Health General Senior Syllabus 2019 (v1.2)

Term	Explanation
adoption	the absolute number, proportion and representativeness of settings and intervention agents who are willing to initiate a program (RE-AIM n.d.)
effectiveness	the impact of an intervention on important outcomes, including potential negative effects, quality of life, and economic outcomes (RE-AIM n.d.)
implementation	the intervention agents' fidelity to the various elements of an intervention's protocol, including consistency of delivery as intended and the time and cost of the intervention; at the individual level, implementation refers to clients' use of the intervention strategies (RE-AIM n.d.)
maintenance	refers to the extent to which a program or policy becomes institutionalised or part of the routine organizational practices and policies; within the RE-AIM framework, also applies at the individual level and has been defined as the long-term effects of a program on outcomes, 6 or more months after the most recent intervention contact (RE-AIM n.d.)
reach	refers to the absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative, intervention, or program (RE-AIM n.d.)

Health inquiry model — Procedural knowledge

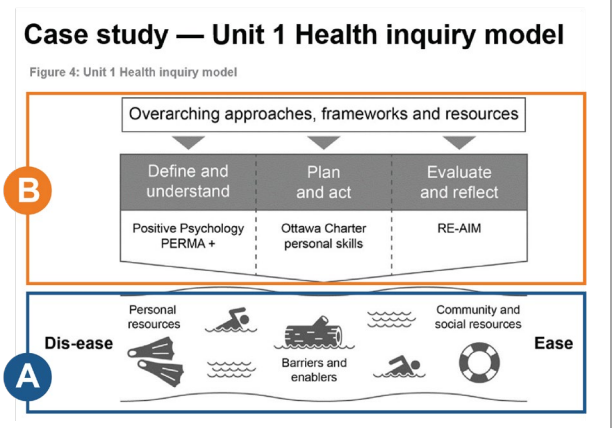
Starting point: Understand the river of life

With any unit, the starting place is the bottom rectangle (A) or the 'river of life' which is Antonovsky's metaphor for understanding salutogenic theory.

We need to understand:

- what is going on for the 'swimmer'?
  - in Unit 1, the 'swimmer' is the individual
  - in Units 2–4, the 'swimmer' is a target group within the context
- what is going on in their 'river'?
  - the 'river' or context is unique
  - the 'river' or context is also unique for each individual
  - we are all, always, swimming in the 'river of life'.

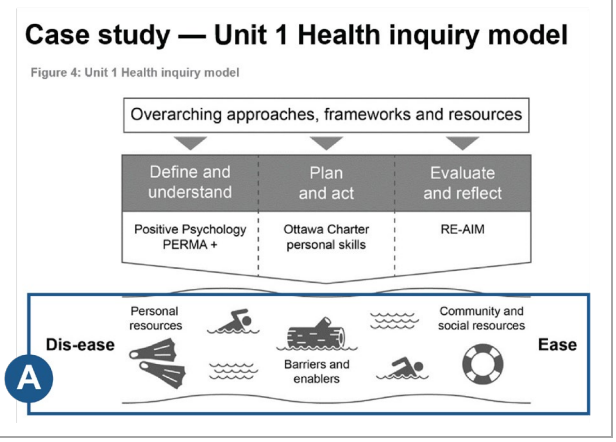
The process of working through each area in the top rectangle (B) enhances understanding of the relationships between resources within the 'river of life' (rectangle A).



Next step: A complex understanding of the river of life

To gain a complex understanding of the 'river of life', we need to know:

- what stressors exist within the 'river'?
- what are the barriers within the 'river' that limit access to personal, social and community resources?
- what are the enablers within the 'river' that increase access to personal, social and community resources?



Next step: Use the top rectangle

Always ask the salutogenic question/s first.

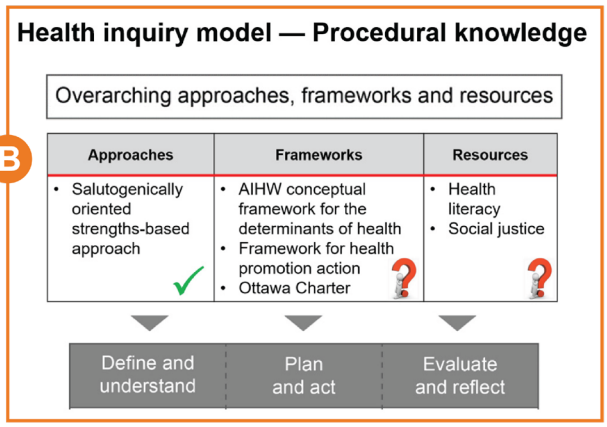
- What are the existing personal, social and community resources that are keeping us healthy?
- How can the resources be strengthened, maintained or adapted to mitigate stressors in the 'river of life'?
- Avoid pathogenically oriented questions, e.g. What causes death and how do we fix it?

Consider the relevance and purpose of the 'menu' of frameworks.

- AIHW conceptual framework for the determinants of health is used to critique information.
- Framework for health promotion action can be used to develop action strategies and inform the evaluation of action.
- The Ottawa Charter can be used to understand health issues within a context, develop action strategies and to justify recommendations.

Consider the relevance and purpose of health literacy and/or social justice.

- How can health literacy and/or social justice be personal, social and/or community resources?
- How can health literacy and/or social justice be barriers or enablers that impact access to resources?

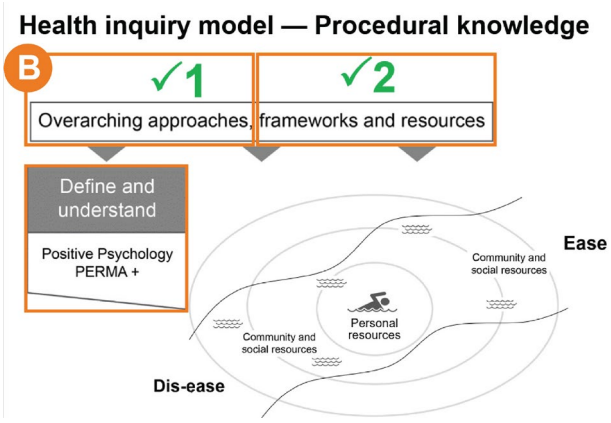


Next step: Use the Stage 1 unit-specific approach

To gain a more sophisticated understanding of specific issues within a broad topic, we use a unit-specific approach to complete a context analysis and needs assessment for a target within the context. These are completed by:

- analysing the complex relationships between resources, barriers and enablers in the 'river' and for the 'swimmer'
- interpreting information about data trends to draw conclusions about what is going on in the 'river' and for the 'swimmer'
- critique information to distinguish determinants.

In Unit 1, the unit-specific approach is Positive Psychology and PERMA+. Each unit-specific approach changes for each unit and builds on knowledge learnt from the previous unit-specific approach.



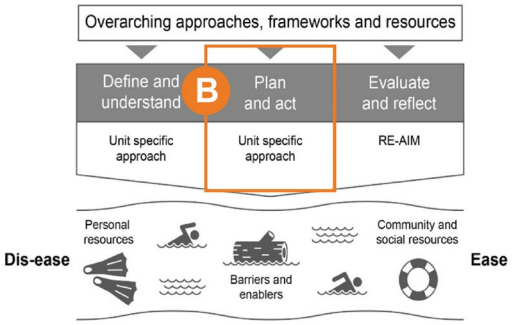
Next step: Use the Stage 2 unit-specific approach

To plan for action relating to specific issues within a broad topic, we use a second unit-specific approach to synthesise investigated information to develop action strategies for a specific target within a specific context.

- In Unit 1, the personal skills priority action area of the Ottawa Charter is used to narrow the scale of theoretical information required to be understood by students.
- In Unit 2, the relevance of the five priority action areas of the Ottawa Charter can be considered in planning for action.
- In Units 3 and 4, the relevance of the five diffusion process variables and stages of diffusion are considered in selecting an innovation for diffusion and the methodology, resources and data collection strategies.
- In all units, the overarching approaches, frameworks and resources can inform the development of action strategies.

Once the action is developed at the end of Stage 2, it is implemented as part of teaching and learning, and evidence collected for evaluation in Stage 3.

Health inquiry model



Final step: Use RE-AIM

To evaluate and reflect on action in relation to specific issues within a broad topic, we use RE-AIM to:

- make judgments about the methodology and resources used to implement the action strategy and innovation impact
- propose and justify recommendations for future action.

Reach: Who takes part/participates? How are they accessed? What is the target number of people? Are they representative?

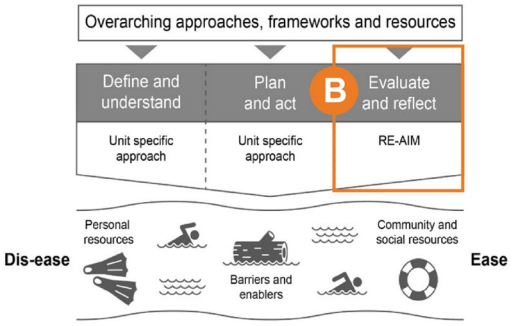
Effectiveness: What were the positive outcomes, negative outcomes or unexpected outcomes? What was the level of satisfaction?

Adoption: Who are the 'gatekeepers' or adoption agents who are responsible for diffusing the innovation/increasing uptake?

Implementation: What was done? How does the innovation get to the target? Were there 'champions' who helped the adoption agency? What was the adherence? Was it implemented as intended? Were there costs?

Maintenance: Was there an impact long term? Is it sustainable for greater than six months?

Health inquiry model



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