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# Reducing health inequity: the changing role of health promotion

Uta C. Dietrich

*Northern Rivers Area Health Service*

Sallie Newell

*Southern Cross University*

Donna Lloyd

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# **Reducing Health Inequity – The Changing Role of Health Promotion**

**Uta Dietrich**

**Sallie Newell, Donna Smith-Lloyd**

**Health Promotion Unit**

**Northern Rivers Area Health Service**

**Australian Health Promotion Association NSW**

**State Conference (May 2003)**



# Why did we get started ?

- **Traditional health promotion has been contributing to the widening inequity gap**
  - **Interventions benefited higher SES**
  - **Health of lower SES was not changing or decreasing**



# How did we decide the first steps

- **Literature review regarding**
  - Inequity
  - Aboriginal Health
- **Outcomes of the literature reviews**
  - Addressing health determinants
  - Intersectoral action



# NRAHS Determinants of Health Model

**GLOBAL FORCES**  
World economies, markets & trade, environmental conditions eg global warming, natural & man made disasters

**GOVT POLICIES**  
Economic, welfare, housing, taxation, local regional national priorities, public safety initiatives

**LIFESTYLE**  
Diet & nutrition, smoking, alcohol, physical activity

**PSYCHOSOCIAL**  
Self esteem, coping, isolation, level of control, anxiety, stress, depression, anger

**BIOLOGICAL**  
Age, gender, genes

**ACCESS TO SERVICES**  
Primary, secondary, tertiary health care, social services, transport, housing, leisure, employment services, recreational facilities

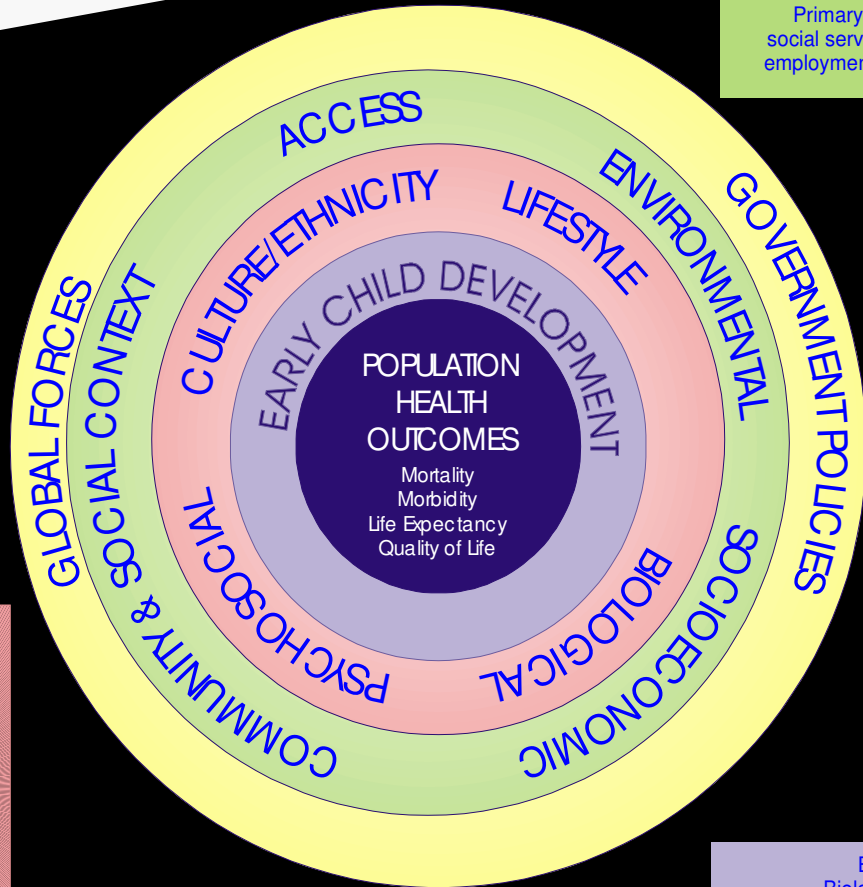
**ENVIRONMENTAL DETERMINANTS**  
Air, water, noise and soil quality  
Built environment housing, workplace transport systems

**SOCIO ECONOMIC DETERMINANTS**  
Income, education, occupation, employment

**COMMUNITY & SOCIAL CONTEXT**  
Social networks, community connectedness, social capital

**CULTURE & ETHNICITY**  
Belief & meaning systems, attitudes, values & norms

**EARLY CHILD DEVELOPMENT**  
Biological embedding, neural wiring, sculpting, sensitive periods, endocrine & immune system, stress, nurturing & attachment



# Traditional Health Promotion

## 10 Tips for Better Health – Donaldson, 1999

1. Don't smoke. If you can, stop. If you can't, cut down.
2. Follow a balanced diet with plenty of fruit & vegetables.
3. Keep physically active.
4. Manage stress by, eg. Talking things through and making time to relax.
5. If you drink alcohol, do so in moderation.
6. Cover up in the sun, and protect children from sunburn.
7. Practice safer sex.
8. Take up cancer screening opportunities.
9. Be safe on the roads: follow the highway code.
10. Learn first aid ABC: airways, breathing, circulation.



# New Health Promotion

## 10 Tips for Staying Healthy – Dave Gordon, 1999

1. Don't be poor. If you can, stop. If you can't, try not to be poor for long.
2. Don't have poor parents.
3. Own a car.
4. Don't work in a stressful, low paid manual job.
5. Don't live in damp, low quality housing.
6. Be able to afford to go on a foreign holiday and sunbathe.
7. Practice not losing your job and don't become unemployed.
8. Take up all benefits you are entitled to, if you retired or sick or disabled.
9. Don't live next to a busy major road or near a polluting factory.
10. Learn how to fill in complex housing benefit/asylum application forms before you become homeless and destitute.



# Our Role in Such a Model

- Working with other sectors
- Genuine collaborations with communities
  - Important for sustainability
- Focus on psychosocial determinants
  - Such as self determination
  - Level of perceived control
  - Empowerment
  - Social capital
- Long time frames



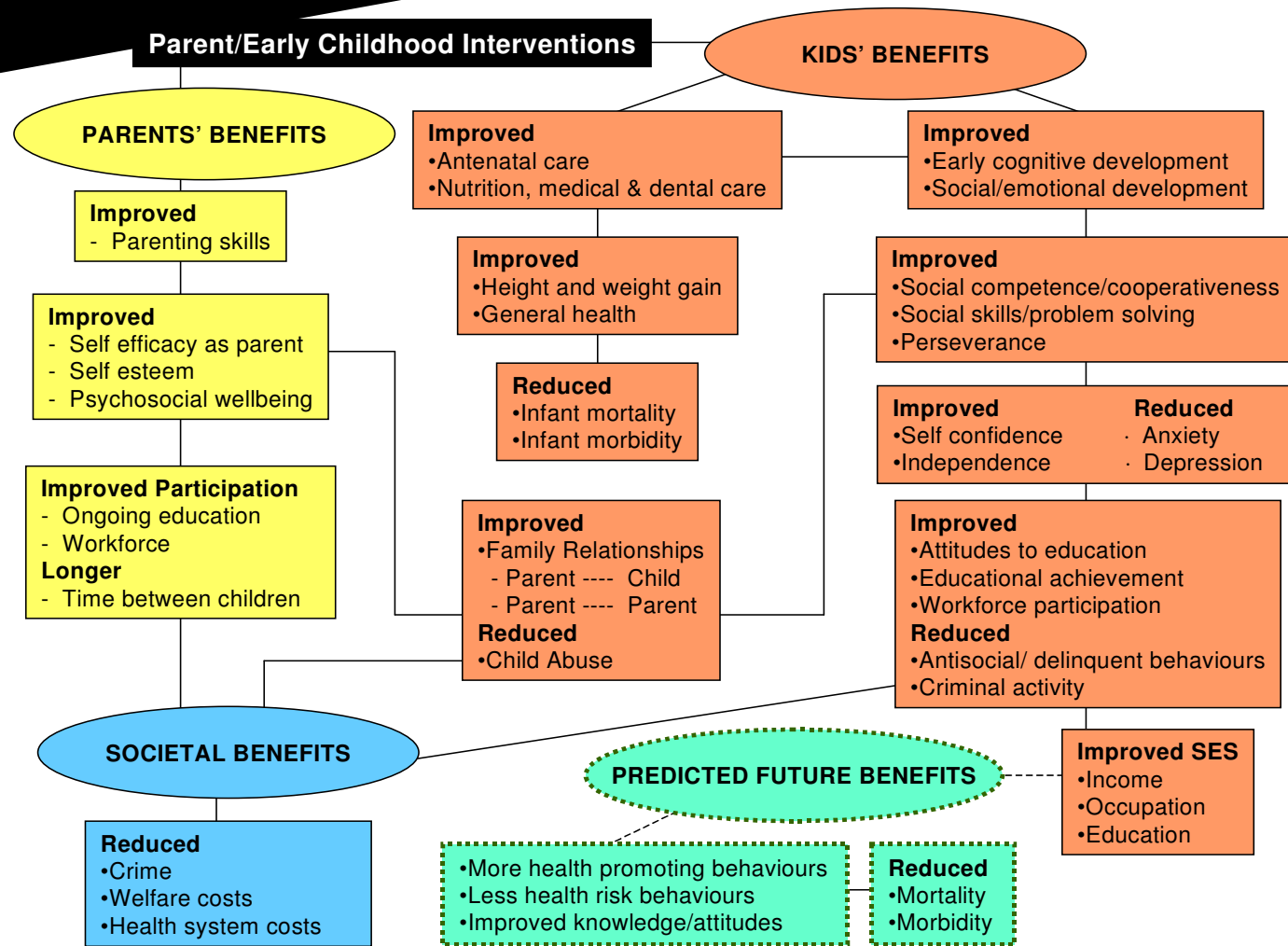


# What did we do ?

- From evidence and models:  
Best intervention for HP is  
around early childhood



# Early Intervention - improving psychosocial well being and flow effects



NRAHS - Health Promotion Unit -

SOURCE: Sallie Newell

2003



# What did we do?

- Selected Aboriginal Health as Target Group
  - Community visits
  - Review of all existing programs/projects
  - Review of Aboriginal systems and structures
  - Contribute and value add to existing projects
  - Setting up of collaborations with enthusiastic partners: Rekindling the Spirit and Box Ridge Transition to School
  - Partners are: DOCS, Probation and Parole, Juvenile Justice, DET, Families First, ATSIC, Health



# Health Promotion Unit's Contribution

## Box Ridge Transition to School Program

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### Overall aim:

- Facilitate an equal starting point for Aboriginal children in the Box Ridge Community

### Short term:

- To improve the capacity of the Coordinator Coraki/Box Ridge Transition program, to develop, implement and evaluate program effectiveness and measure long term outcomes of the program.
- Acceptance of the Aboriginal Health Promotion Officer into Coraki/Box Ridge community

### Long term:

- Measure long term health, educational and behavioural outcomes attributed to the Coraki/Box Ridge Transition program.



# Health Promotion Unit's Contribution

## Koori Fathering Program (Rekindling the Spirit)

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### Overall aim:

An Aboriginal Men's group to address indigenous men's issues and violence in particular

### Short term:

- Develop, implement and evaluate an effective men's parenting program

### Long term:

- Introduce program across the Northern Rivers area.
- Increased participation and support for parenting programs by Aboriginal males within Northern Rivers Health area
- Improved parenting skills in first time and existing koori fathers.



# What are our results after 3 years?

## Box Ridge Transition to School Program

- Development of an evaluation Plan
- Regular home visits to families
- Project Officer accepted by the community
- Extra day for the DET/DOCS coordinator
- Improved communication between services
- No direct messages but infrastructure, eg. Teeth: dentist to school, booklets, data base for follow up, transport – better learning – better education- better SES



# What are our results after 3 years?

## Koori Fathering Project

- From men diverted into the program to avoid prison to
- Community is asking for more programs for men and women
- Men's parenting program successfully offered
- 2 more intakes in progress
- Female partners of men's program are requesting one for them – in planning
- Women's program requested addressing physical activity and healthy eating



# Where are we heading?

- Continuation with Aboriginal projects
- Key contributors to Equity Profile
- Expand collaborations for whole of community
  - Negotiate for setting up of area indicators around early childhood/wellbeing indicators
  - Advocate for data collection eg. EDI
  - Identify future joint activities





# What do we expect to achieve?

- Strong, sustainable relationships with communities and agencies
- Collaborative planning and intervening
- All our projects involve at least one non-health partner
- Improved return for our dollar (contributions from all partners)
- Reduce inequity in our area



# What have we learned or would change if we did it again?

- Expect 1 to 2 years to set up a project
- Health outcomes may take a long time but we get a lot of positive feedback from communities
- Aiming for a balance between equity projects and risk factor based projects considering equity issues
- Resistance within health promotion when own project is in question
- It is worthwhile and we would do it again



Uta Dietrich

Manager, Health Promotion Unit

Po Box 498

LISMORE NSW 2580

Tel. 02-66207517

[Udiet@nrhs.health.nsw.gov.au](mailto:Udiet@nrhs.health.nsw.gov.au)

