Reducing health inequity: the changing role of health promotion

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Reducing Health Inequity – The Changing Role of Health Promotion

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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
1. Don’t smoke. If you can, stop. If you can’t, cut down.
2. Follow a balanced diet with plenty of fruit & vegetables.
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 Tips for Better Health – Donaldson, 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

Parent/Early Childhood Interventions

PARENTS’ BENEFITS
- Improved Parenting skills
- Improved Self efficacy as parent
  - Self esteem
  - Psychosocial wellbeing
- Improved Participation
  - Ongoing education
  - Workforce
  - Longer
  - Time between children

KIDS’ BENEFITS
- Improved Antenatal care
  - Nutrition, medical & dental care
- Improved Height and weight gain
  - General health
- Improved Family Relationships
  - Parent ---- Child
  - Parent ---- Parent
- Reduced Infant mortality
  - Infant morbidity
- Reduced Child Abuse

SOCIAL BENEFITS
- Reduced Crime
  - Welfare costs
  - Health system costs

PREDICTED FUTURE BENEFITS
- More health promoting behaviours
- Less health risk behaviours
- Improved knowledge/attitudes
- Improved SES
  - Income
  - Occupation
  - Education

NRAHS - Health Promotion Unit - 2003
SOURCE: Sallie Newell
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

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.

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Koori Fathering Program (Rekindling the Spirit)

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?

- 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

NRAHS - Health Promotion Unit - 2003
What are our results after 3 years?

- 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

Koori Fathering Project
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
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