Runanga whakapiki ake i te hau ora o Aotearoa
HEALTH PROMOTION FORUM
of New Zealand

keeping up to date

Keeping Up to Date – the fifteenth edition

This summary of recent health promotion literature is intended to help:

- increase health promoters' access to the health promotion literature;
- increase health promoters' awareness of some of the current thinking and latest research findings in the field;
- increase health promoters' use of this information in practice.

Keeping Up to Date is produced four times a year. Assistance with accessing articles in journals/periodicals should be available through university, polytech, DHB or local libraries. However if you have difficulty accessing any of the papers, contact the Forum and we can point you in the right direction.

Contents

Health Promotion Forum
PO Box 99 064
Newmarket
Auckland, New Zealand

Ph: 0-9-520 3714, fax: 0-9-520 4152
email: hpf@hpforum.org.nz
website: www.hpforum.org.nz

Title **An indigenous model of health promotion**

Author(s) Mason Durie, Massey University, Palmerston North

Context Keynote address at the 18th World Conference on Health Promotion and Health Education, Melbourne, April 25-29, 2004.

Overview Achievements of the United Nations Decade of Indigenous Peoples 1995-2004 include two major documents. The *Draft Declaration on the Rights of Indigenous Peoples* contains 45 articles covering cultural, spiritual, economic, political and constitutional rights. The *Declaration on the Health and Survival of Indigenous Peoples* discusses links between culture, the wider natural environment, human rights and health and recommends strategies to improve health. Indigenous models of health promotion recognise health is initmately linked to indigenous world views and development. One framework for Maori health promotion, *Kia Ururu Mai a Hauora* identifies six key health promotion strategies: reorienting health services towards cultural and health promotional criteria; increasing Maori participation in society; Maori capacity building; public policies that affirm health and culture; cross-sectoral action for health and adequate resources. *Te Pae Mahutonga* is a schema identifying practice parameters and signposting strategic directions for states, health and education sectors and indigenous peoples themselves. Indigenous health issues include cultural identify, natural environment, constitutional arrangements, socio-economic realities and indigenous leadership. Indigenous health promoters can help bridge the gap between the indigenous world and the world dominated by science, technology and global imperialism.

Comments Provides a global to local context in understanding issues and models related to health promotion for indigenous peoples. Very useful and fairly easy to read.

Source For further information contact Casey Te Rangi at Te Putahi-a-Toi/School of Maori Studies, Massey University email: C.TeRangi@massey.ac.nz

ISSN 1174-6653

vol 7 no 2 june 2004

keeping up to date

Title **Changing health determinants through community action: power, participation and policy**

Author(s) Lewis Williams, Whariki Research Group, Massey University, Auckland and Ron Labonte, Saskatchewan Population Health and Evaluation Research Unit, Canada

Context A participatory action research project involving housing advocacy in Auckland was undertaken by the first author towards her doctoral thesis.

Overview Community empowerment is central to mainstream health promotion approaches. The Hilltown neighbourhood (not its real name) is a low income, ethnically diverse area with large Pacific, Maori, European and migrant communities, poor quality housing and related health problems. The Women's Advocacy Group (WAG) whose membership was largely from the Pacific communities, undertook housing advocacy. Four spheres of shifting power dynamics are discussed, illustrated with quotes from WAG and other community members. *Power Within* looks at participants' self concepts about how their own power changed. *Power With* looks at how the experience of personal change impacted on the women's relationships with family and community members. The third sphere explores *Power With* in relation to community organisational partnerships. WAG tried unsuccessfully to set up more equal relationships with its collaborative partner, 'Goodworks'. The fourth dimension is *Power Over* in relation to the policy sector. Policy organisations such as Housing New Zealand took more notice of WAG after it had highlighted local housing problems. Greater understanding of and support for shifts in power relations would benefit community action projects.

Comments Thoughtful, well illustrated analysis which is helpful for thinking about power relations in health promotion work.

Source Promotion & Education, 2003, Vol 10(2), pp 65-71.

Title **Identifying future research needs for the promotion of young people's sexual health in New Zealand**

Author(s) Sue Jackson, School of Psychology, Victoria University of Wellington

Context Reviews New Zealand research into young people's sexual health and the results of a key informant study on what is needed to guide policy, research and practice.

Overview New Zealand literature is weighted towards identifying sexual behaviours and risk factors, using mainly European, middle-class samples and quantitative approaches. Gaps include how to implement effective prevention programmes and develop effective policies. Qualitative research suggests some dynamics that may explain young people's knowledge-practice gap: eg under-developed negotiating skills or being caught up in a passive, paralysing romantic discourse. The second section identifies the views of researchers, educators and sexual health providers. Providers were frustrated with the lack of evaluation funding. Six broad themes for future research are sexuality education; perceptions and understanding of sexuality; services; teen parenting; sexual abuse and homosexuality. More research with marginalised groups including gay/bisexual young people, rural and unemployed young people, Maori youth, Pacific youth and youth who drop out of school. Qualitative approaches would help elaborate meanings and understandings about sexual experiences, expectations and knowledge-practice gaps. Sexuality and sexual health issues need to be examined in a more contextualised way, looking at social, cultural and individual factors and recognising the diversity and complexity of factors influencing sexual behaviour.

Commments Fairly easy to read. The findings of the research review and the views of stakeholders were strikingly similar in addressing the gaps.

Source Social Policy Journal of New Zealand, March 2004, Issue 21, pp 123-136.

Title **Gambling: a social hazard**

Author(s) Lorna Dyall, Maori and Pacific Health and Community Health, University of Auckland

Context The paper aims to reframe gambling as a social hazard rather than it being seen as a harmless recreational pursuit and is written from a Maori perspective.

Overview Once unknown to Maori, gambling is now integrated into the social, economic and cultural infrastructure of Maori and New Zealand communities. Many Maori organisations are dependent on gambling for their cultural survival through funding from gambling proceeds. The Gambling Act 2003 will do little to protect Maori and other New Zealanders from problems associated with gambling and instead legitimates its role. Gambling needs to be reframed as a social hazard. Any introduced organism, new substance or social hazard has potential to be a hazard because its effects are unknown in a new environment. Taking into account the adverse effects of gambling, Maori should be involved at all levels of gambling policy development, licensing, regulation and management. The Hazardous Substance and New Organisms Act 1996 is a legislative model to consider. It has a defined purpose, principles and an independent body which considers the introduction and appropriate management of new hazards. Adopting this form of legislation could redefine the role and place of gambling for Maori and non-Maori and its impact on social, economic and cultural infrastructures. Legislation should have guiding principles that focus on people, their well-being and that of future generations. It should support sustainability, self-sufficiency, protection of Maori and their cultural well-being, recognition of the Treaty of Waitangi, and active involvement of communities in determining the role, place and size of gambling in New Zealand.

Comments Fairly easy to read. The social hazard framework is a useful perspective in dealing with the impact and control of gambling on Maori and non-Maori communities.

Source Social Policy Journal of New Zealand, March 2004, Issue 21, pp 22-40

Title **Exploring the intersectoral partnerships guiding Australia's dietary advice**

Author(s) Jane Dixon* Colin Sindall** and Cathy Bunwell*; *National Centre for Epidemiology and Population Health, Australian National University and **Population Health Division, Department of Health and Aging, Woden, Australia

Context The article looks at tactics employed by food industry bodies to further their interest**s.**

Overview Alliances and interactions between commercial interests, scientists, health professionals and government authorities are described. The paper looks at how food corporations use their associations with professional bodies and governments, along with appeals to science, to build trust with citizens. Many partnerships in the Australian food and nutrition system that are forged for health promotion purposes are likely to be a mix of innocent actions, strategic actions, actions of equal and consenting partners and industry co-option. Commercial interest tactics are compared in relation to the environmental movement, tobacco control, pharmaceuticals and nutrition. Efforts by the food industry to shape the Australian environment around food choices are categorised into three domains of strategic action. They comprise tactics to (i) neutralise and pre-empt opposition, (ii) use health and nutrition organisations as a source of third party endorsement and (iii) shape a supportive regulatory environment. Australian case examples are given for each of these. The authors contend nutrition and dietetics organisations willingly participate in ventures with the food industry, even though many such alliances confuse product sponsorship and health promotion. The consequences of intersectoral partnerships on consumption habits and the nutritional status of the population need to be investigated.

Comments Informative analysis raising questions about the relationship between health promotion and the food industry which also need more investigation and discussion in New Zealand. Fairly easy to read.

Source Health Promotion International, 2004,Vol 19(1), pp 5-13

Title **Measuring the 'obesogenic' food environment in New Zealand primary schools**

Author(s) Mary-Ann Carter, National Heart Foundation, Auckland and Boyd Swinburn, Department of Community Health, University of Auckland.

Context 'Obesogenic' means obesity promoting. Childhood obesity is an increasing health problem.

Overview Schools are considered ideal settings for influencing health through school policies, the physical and social environment, curriculum and quality and methods of instruction. It is not known how 'obesogenic' New Zealand school environments are. To find out, the authors used the ANGELO framework (Analysis Grid for Environments Linked to Obesity) to develop a self-completion questionnaire for a representative sample of primary schools. Questions were asked about the physical, economic, policy and social-cultural environments in schools for nutrition and physical activity. School food sales were also included. The survey revealed the food environment did not support healthy food choices for children at many primary schools. High fat items such as pies and sausage rolls were the most available foods, filled rolls were the most expensive item, few schools had food policies or canteens to prepare healthy food and there was a high 'neutral' response to questions about the level of support for healthy food choices in the schools. Schools had positive attitudes to nutrition as an issue, but did not necessarily see the school environment playing a part in nutritional outcomes. The food environment in New Zealand primary schools seemed to be 'obesogenic'. Increased, broad-based efforts are urgently needed to improve the school food environment, incorporating policies, canteen facilities and school community support.

Comments Easy to read. Uses tables and statistics to highlight results. Would be useful for highlighting issues and prompting discussion and action.

Source Health Promotion International, 2004, Vol 19(1), pp 15-20.

Title **Comprehensive approaches to school health promotion: how to achieve broader implementation**

Author(s) Marthe Deschesnes and Catherine Martin, Quebec National Public Health Institute and Adele Jomphe Hill, University of Quebecin in Outaouais, Canada

Context Initiatives such as Health Promoting Schools offer in theory a comprehensive, integrated approach for health and educational gains for children, but reviews indciate it may be difficult to achieve in practice.

Overview Several countries implement the Health Promoting Schools concept, proposed by the World Health Organisation in the early 1980s. It has three components: the formal health curriculum, the school environment and school/community interactions.The Comprehensive School Health Program (CHSP) is used more in Canada and the United States. Both concepts rely on an integrated school-based approach. There is little research on how to effectively implement such comprehensive approaches or on how they affect youth health. Evaluations show the vast majority of programmes use individual strategies to develop personal skills in children and youth. Few employ strategies focusing on the school environment or community participation. These results raise issues which need to be addressed. The authors suggest there are four key conditions for the practical application of HPS and CHSP. Firstly, systematic and negotiated planning and coordination is required to support their comprehensive, integrated nature. Secondly, intersectoral action and mechanisms are important to make real the partnership between school, family and community (eg shared vision, participation in decision-making). Thirdly, decision makers must give political and financial commitment to support the intensity of comprehensive implementation and not drain the energies of those who deliver programmes. Fourthly, evaluation is necessary to support refinement of interventions and their full implementation.

Comments Useful review which would be helpful in discussing how HPS is implemented in New Zealand. Reasonable to read.

Source Health Promotion International, 2003, Vol 18(4), pp 387-396