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

keeping up to date

Keeping Up to Date – the sixteenth 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.

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Title **Health rights in secondary schools: student and staff perspectives**

Author(s) Anne Smith, Michael Gaffney, Children's Issues Centre and Karen Nairn, Faculty of Education, University of Otago

Context The United Nations Convention on the Rights of the Child (UNCROC) and Health Promoting Schools can encourage healthy school environments.

Overview Reports on a study that is part of a wider investigation of children's rights at school, around participation, safety, health and recreation. It draws on UNCROC, health-promoting schools concepts, sociology of childhood, children's rights and socio-cultural frameworks. UNCROC's Article 24 states that children and young people have a right to a high standard of health and to facilities for treating illness. UNCROC's standards and authority can help empower New Zealand children and optimise their well-being. The study's postal survey gained responses from 821 Year 11 (15-16 year olds) students and 438 staff in 107 schools on access to health advice, confidentially, perceived health problems amongst peers, class health topics and perceived healthiness of school environments. Results suggest concern over whether schools are health promoting and supportive of children and their health rights. Students and staff differed in their perceptions of schools' effectiveness as sites of health promotion. For example, most students and staff reported sources of health advice were available, but only a minority of students saw them as accessible, friendly, supportive or trustworthy. Young people's own voices and ideas about health issues and appropriate health promoting contexts should be heard, understood and acted upon.

Comments Valuable discussion about concepts of human rights and how these can be used in health promotion. Differences in perspective between students and staff are noteworthy. Fairly easy to read.

Source Health Education Research, Vol 19(1) 2004, 85-97

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Title **Evaluation of the Ngati Porou Community Injury Prevention Project**

Author(s) Marilyn Brewin and Carolyn Coggan, Injury Prevention Research Centre, University of Auckland

Context Death and hospitalisation due to injury are a major burden for Maori. Maori Community Injury Prevention Projects (CIPP) came about to address statistics and perceptions that injuries are often fateful or accidental, rather than causal and preventable.

Overview The Ngati Porou CIPP (1996-1998) was one of the first Maori projects based on the WHO safe community model for injury prevention. To develop the project within a holistic Maori framework it was decided to use strong community ties and base interventions within the marae context. The focus was road safety, alcohol- and drug-related harm, family violence and playground safety. The process, impact and outcome evaluations are reported. Activities included a Drivewise Campaign, a Marae-based Driver Licensing Programme and a Kohanga Reo Road Safety Programme. Alcohol and drug related injuries were addressed through working with high risk rangatahi and promoting safer alcohol use in all sporting environments, using the concept of Manaaki Tangata. Addressing family violence issues included establishing a support network, affirming traditional Ngati Porou care and protection practices for whanau and implementing local promotional programmes to tie in with national campaigns. A playground safety audit was developed for schools and marae in Ngati Porou. Evaluation results included a significant increase in awareness of injury prevention and a significant decrease in injury morbidity statistics for all age groups, compared with the comparison community. The project's success could be related to addressing Maori and Ngati Porou aspirations and is a promising model.

Comments Provides overview and evidence for the success of the approach undertaken for the community by the community. Easy to read. Some statistics.

Source Ethnicity and Health, 2004, Vol 9(1), pp 5-15

Title **Legitimizing diabetes as a community health issue: a case analysis of an Aboriginal community in Canada**

Author(s) Sherri Bisset,* Margaret Cargo,** Treena Delormier, Ann Macaulay and Louise Potvin, * GRIS, University of Montreal, Quebec, ** Kahnawake Schools Diabetes Prevention Project, Mohawk Nation, Quebec

Context The Kahnawake Schools Diabetes Prevention Project (KSDPP) started in 1994 with strong community support.

Overview Describes what gave rise to the Kahnawake community (around 7000 people) mobilising to prevent type 2 diabetes. Prior to the KSDPP was a phase in the mid to late 1980s characterised as 'legitimising diabetes as a community health issue.' There was a shift in the way community members perceived diabetes from something to live with, to being preventable. The shift was catalyzed through two family doctors presenting information to the community about the high local prevalence of diabetes and its complications, risk factors and healthy lifestyle recommendations. This alerted the community to the burden of diabetes, resulting in raising levels of consciousness about it. Community change processes, with community leaders, individuals, families and services are discussed under the categories of 'encountering diabetes and its risk factors daily'; 'advancing a community health agenda' and 'raising levels of consciousness around diabetes'. A cultural category reflecting traditional holistic ways of seeing health also influenced consciousness raising around diabetes. The findings support suggestions in the literature that for change to occur, community members must be brought together around a common interest and directly experience the need for change. The findings may be more transferable to Aboriginal communities sharing similar cultural values and sociopolitical climate.

Comments Useful analysis and reflection on the processes around community engagement in health issues including role of primary care providers. Fairly readable.

Source Health Promotion International, 2004, Vol 19(3), pp 317-326.

Title **Adherence to exercise in later life: how can exercise on prescription programmes be made more effective?**

Author(s) Miranda Thurston and Ken Green, University College Chester, Chester, UK

Context 'Exercise on prescription' (EoP) schemes as a primary care intervention have developed in many countries.

Overview Exercise on prescription' (EoP) schemes aim to motivate patients to be more active. Research suggests their long term impact in encouraging sustainable physical activity is limited. Efforts to understand why people become or keep being active typically focus on psychological perspectives on motivation. The sociological literature on leisure suggests this fails to consider the broader dimensions of adults' lives. Exercise patterns should be viewed as part of life 'in the round.' Adults who become 'locked in' to sport and physical activity are socialised into it because they experience richness in participating. Richness relates to physical and social satisfactions (eg through group activities) and skills generated and developed. Regular participation becomes mutually reinforcing. Individuals become motivated because they come to value physical activity. They wish to repeat satisfying experiences. Becoming motivated is often a consequence of positive, enjoyable engagement and resultant satisfaction. This model for understanding physical participation puts, at centre stage, people's enjoyment and satisfaction experienced through social interaction and learning skills. Implications for policy and practice include encouraging more recreational lifestyle activities in EoPs which are likely to generate feelings of enjoyment and satisfaction.

Comments The paper suggests interdisciplinary approaches can supply more sophisticated analyses of public health problems and the need to understand the social, cultural, physical, demographic and economic influences of individual action. Reasonable to read.

Source Health Promotion International, 2004, Vol 19(3), pp 379-387

Title **Organisational capacity for community development in regional health authorities: a conceptual model**

Author(s) Kathy Germann, Strategic Management and Organisation, School of Business and Doug Wilson, Department of Public Health Sciences and Centre for Health Promotion Studies, University of Alberta, Edmonton, Canada

Context A major gap exists between evidence for community development to enhance community health and well-being and the extent health organizations carry it out.

Overview The gap exists because we have neglected to turn the 'evaluative gaze inward'. We need to examine health organizations' capacity to facilitate community development (CD) processes. Organisational capacity (OC) is defined as 'the potential ability of a health organization to develop an empowering and democratic partnership with a community, through which the community's capacity to identify and address its priority health concerns is enhanced.' A multi-level, diagrammatic, conceptual model is derived from an interview study of CD workers and managers in five Regional Health Authorities (RHAs) in Alberta. Several elements to the model include organisational commitment to community development; core values and beliefs; leadership; shared understanding; organisational structures; flexibility in planning; job design; skills, and modelling CD internally in the organization. The most fundamental element is values and beliefs congruent with CD. When enacted by organisational leaders' commitment to CD philosophies and practices results. The model could be used as a basis for designing tools to assess and evaluate OC-CD. Government initiatives in primary health care and the threat of emerging communicable diseases highlight the importance of a clear understanding of OC-CD.

Comments The model and themes will be particularly useful for public health management and staff in DHBs and also for planners, funders and practitioners in the broader public health system. Fairly easy to read.

Source Health Promotion International, 2004, Vol 19(3), pp 289-298

Title **Does theory inform practice in health promotion in Australia?**

Author(s) Sandra Jones, Graduate School of Public Health, University of Wollongong, New South Wales and Robert Donovan, Centre for Behavioural Research in Cancer Control, Curtin University of Technology, Perth

Context Australian health promoters were surveyed on major health promotion theories in the areas of psychology and communication.

Overview Academic research helps health promotion programmes through developing and testing theories and models of attitude and behaviour change. These increase understanding of behaviour, give substance to actions and help frame important issues. While no one theory is sufficient to explain behaviour, practitioners need to know relevant theories and models and critically examine and selectively incorporate them in interventions. In 2001 Australian Health Promotion Association members were surveyed on the extent textbook models are used in the design, planning, implementation and evaluation of health promotion interventions. A questionnaire asked about eight 'standard' models taught in Australian health promotion courses (eg PRECEDE-PROCEED, Health Belief Model, Social Marketing, Transtheoretical -States of Change Model). Practitioners were more likely to report they knew about the models, but did not use them, rather than report they knew about and also used them. Exceptions were use of the PRECEDE-PROCEED model and the Transtheoretical Model. More information is needed on how practitioners use theories and models in practice. Improving dissemination of research and theory could happen through'theory in practice' booklets, using public health/health promotion sector newsletters, academic journals, seminars and the www.

Comments Raises interesting issues re access to and use of theory and models in health promotion which would be useful to discuss in the context of Aotearoa-New Zealand. Easy to read.

Source Health Education Research, 2004, Vol 19(1), pp 1-14

Title **Primary prevention of skin cancer: a review of sun protection in Australia and internationally**

Author(s) Warren Stanton, Monika Janda, Peter Baade and Peter Anderson, Cancer Prevention Research Centre, School of Population Health, University of Queensland, Brisbane

Context The incidence of skin cancer is increasing worldwide. Primary prevention is concerned with reducing risk factors such as sun exposure and sunburn.

Overview The paper reviews studies on patterns and prevalence of sun protection, focusing on sunscreen use. Key findings from English-language studies between 1990 and mid 2003 are summarised for children, adolescents, and adults, including parents. These look at behaviour and attitudes towards sun protection. Sunscreen was the most frequently used method of sun protection across all age groups, despite recommendations this form of protection should be an adjunct to other more natural forms of protection such as shade and clothing. Children's sun protective behaviour is largely influenced by their parents behaviours, and they often under protected. Adolescents have the lowest skin protection rates. Women were more likely than men to use skin protection but also sunbathe deliberately. The use of sunscreen may lead to a false sense of protection, the majority of people still apply it incorrectly, reapply it too infrequently, and use inadequate SPF screens. Some don't use it for economic reasons. Further studies are needed to include detailed assessments of sunscreen use and application patterns. Health promotion needs a long tem, coordinated multi-level approach with a range of strategies, targeted at at-risk groups (by age, gender and skin type), frequently refreshed and updated to capture young markets and encourage other forms of sun protection.

Comments Comprehensive overview of studies about awareness, behaviour and attitudes around sun protection. Straightforward to read.

Source Health Promotion International, 2004, 19(3) pp 369-378