

RESEARCH MATTERS

Newsletter of The South Australian Community Health Research Unit

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Looking Back, Looking Around, Looking Forward

2008 marks a series of decadal anniversaries in health. It was 60 years ago, on 7 April 1948, that the World Health Organization came into existence and met for the first time in Geneva. Most readers would be familiar with the first of the nine principles of the Constitution but do you know the other eight? (see inside) Thirty years ago in the former USSR city of Alma-Ata (now named Almaty in Kazakhstan), the International Conference on Primary Health Care was held from 6-12 September 1978. It culminated in the well known Declaration of Alma-Ata. And twenty years ago, the Second International Conference on Health Promotion (held from 5-9 April 1988 here in Adelaide) issued the Adelaide Recommendations on Healthy Public Policy.

In Looking Back, Research Matters revisits these events. At the 61st World Health Assembly (May 2008) Dr Halfdan Mahler, former Director-General of WHO, reflected on 30 years since the Alma-Ata Declaration on Primary Health Care – Health for All.

An abridged version of his speech features in this edition. The Adelaide Conference on Healthy Public Policy in 1988 made some statements and recommendations that are worth revisiting and reflecting on in 2008.

Looking Around in 2008 sees the release of the Commission of Social Determinants of Health report – *Closing the Gap in a Generation – Health Equity through Action on the Social Determinants of Health*. Fran Baum was one of the twenty commissioners of this report. 2008 was a successful year for Flinders University, being awarded the Australian-American Fulbright Symposium. Michael Bentley from SACHRU was the Program Manager for the Symposium.

Looking Forward, SACHRU is thrilled by the award of a Federation Fellowship to Fran Baum, which will see the creation of an Institute for Health, Society and Equity. SACHRU researchers are also part of a successful National Health & Medical Research Council grant to evaluate the effectiveness of comprehensive primary health care in local communities over the next 5 years.

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“Learn from yesterday, live for today, hope for tomorrow. The important thing is not to stop questioning.”
(Albert Einstein, 1879-1955)

Director's Comments

Fran Baum, Director

This has been a big year for SACHRU and staff. For me personally I have been very much engaged with the work of the Commission on the Social Determinants of Health. In the first few months this was through reading copious drafts of the CSDH report and then after its launch in August with doing a lot of media interviews about the report. I trust all readers of Research Matters have read the report, download it at:

http://www.who.int/social_determinants/en

In early November I attended the public launch of the report (Closing the Gap in a Generation: health equity through action on the social determinants of health) in London together with representatives from 80 countries. Gordon Brown, the British Prime Minister gave the opening speech and in it congratulated us on the report and made strong commitment to equity. We had also speeches from the British ministers of health, environment, and international development. All the presentations at the conference and interviews with key people (including your truly) can be downloaded at:

www.csdhconference.org

SACHRU was also reviewed this year as part of our requirements for our contract with SA Health. Our reviewers were A/Prof Jan Ritchie from the University of New South Wales and Prof Gavin Mooney from Curtin University. Their review is proving helpful in our future strategic planing and highlighted the positive regard in which SACHRU is held by workers in the three metropolitan regions. In early 2009 we will have an intensive strategic planing period in preparation for our next 5 year contract with SA Health.

As you will see from the details later in this newsletter our training and knowledge transfer work in the second half of the year has been remarkably successful.

Michael Bentley and I played a major role in conceptualising and planning the Fulbright Symposium and were pleased to receive such positive feedback from the participants.

Our two-days of equity training in September were also very successful with 60 people showing their interest in health equity. The annual Healthy & Sustainable Cities and Communities course also provided valuable skills to participants and linked two of the big issues of our age – the need to promote health equity and to promote ecological sustainability.

2009 promises to be a year of growth and development. By the beginning of the New Year we should be settled in our new building adjacent to the Sports Hall on the main Flinders Campus. This will be a welcome change after 16 years in the deteriorating FMC flats. My role within the University will also change as a result of my Federation Fellowship. I will be forming a new Institute of Health, Society and Equity and SACHRU will have a central and pivotal role in this Institute (more details in the next edition).

We hope that all our readers have a happy holiday season and will have a very healthy, successful and peaceful new year.

Fran Baum
Director



1948: The principles of the Constitution of the World Health Organization

THE STATES Parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

1. Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
2. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.
3. The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.
4. The achievement of any State in the promotion and protection of health is of value to all.
5. Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.
6. Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.
7. The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.
8. Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.
9. Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

SACHRU has moved

SACHRU has relocated to the 2nd floor of newly constructed Health Sciences building on the main campus of Flinders University. The closest car parking is available at car park 1 or 6. A PDF version of the campus map is available at: <http://www.flinders.edu.au/map>



30 years since the Alma-Ata Declaration on Primary Health Care – Health for All

Abridged Address to the 61st World Health Assembly (May 2008) by Dr Halfdan Mahler,
Former Director-General of WHO.

My remarks will focus on “Why Alma-Ata in 1978 and Whither the Health for All Vision and Primary Health Care Strategy”.

Milan Kundera wrote in one of his books: “The struggle against human oppression is the struggle between memory and forgetfulness.” So allow me to remind all of us today, of the transcendental beauty and significance of the definition of health in WHO’s Constitution: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This definition is immediately followed by: “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” Most importantly, the very first constitutional function of WHO reads: “To act as the directing and coordinating authority on international health work.” Please do note that the Constitution says “the” and not “a” directing and coordinating authority.

So please, allow this old man in front of you to insist that unless we all become partisans in renewed local and global battles for social and economic equity in the spirit of distributive justice, we shall indeed betray the future of our children and grandchildren.

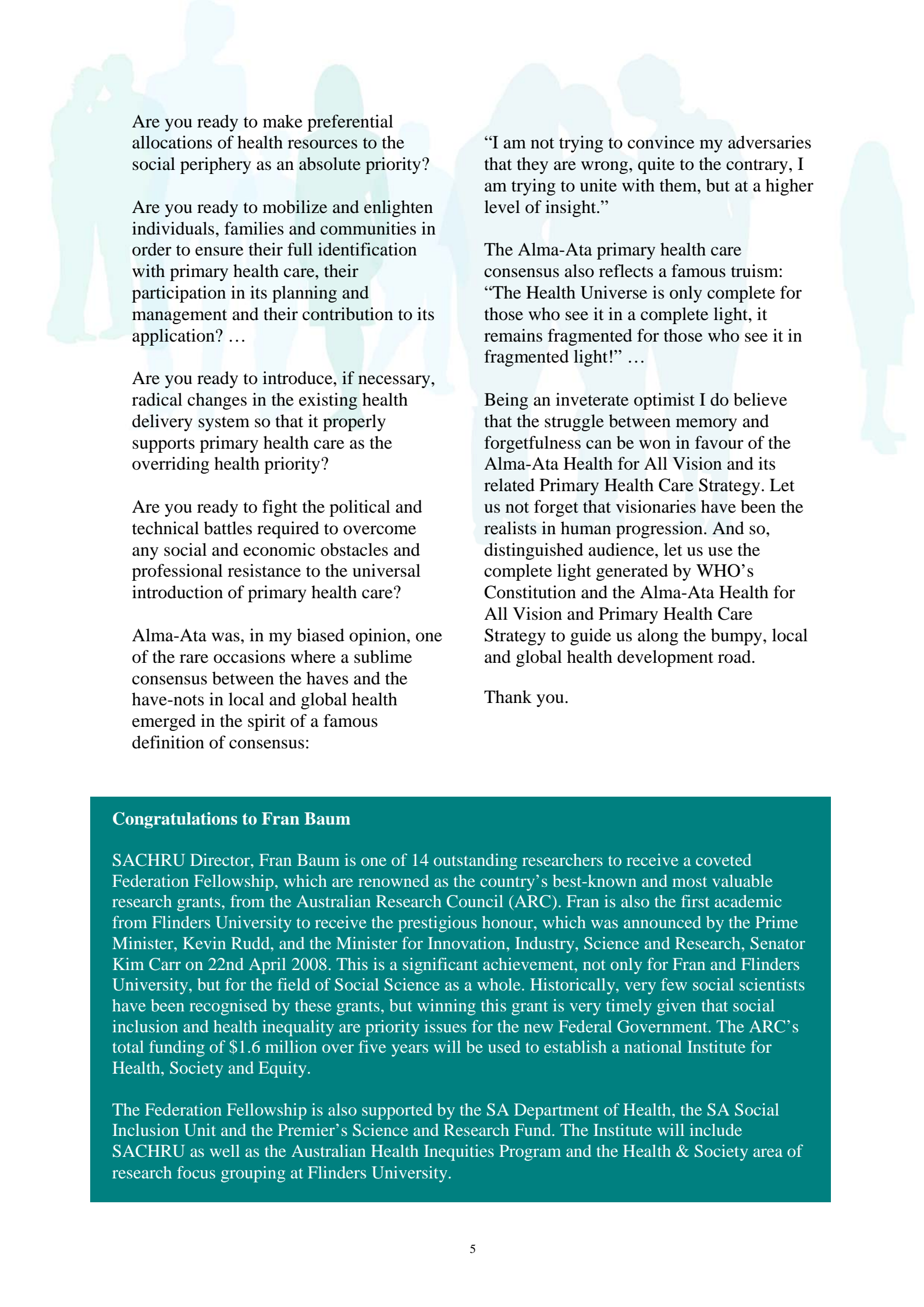
My memory tells me that the World Health Assembly had this in mind when, in 1977, it decided that the main social target for governments and WHO in the coming decades should be the attainment of what is known as “Health for All”.

And, the Health Assembly described that as a level of health that will permit all the people of the world to lead socially and economically productive lives. The Health Assembly did not consider health as an end in itself, but rather as a means to an end. That is, I believe as it should be.

Let me then repeat with awe and admiration, the consensus concept of primary health care as contained in the Declaration of Alma-Ata 1978: “Primary Health Care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part, both of the country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community.”
...

Are you ready to address yourselves seriously to the existing gap between the health “haves” and the health “have-nots” and to adopt concrete measures to reduce it?

Are you ready to ensure the proper planning and implementation of primary health care in coordinated efforts with other relevant sectors, in order to promote health as an indispensable contribution to the improvement of the quality of life of every individual, family and community as part of overall socio-economic development?



Are you ready to make preferential allocations of health resources to the social periphery as an absolute priority?

Are you ready to mobilize and enlighten individuals, families and communities in order to ensure their full identification with primary health care, their participation in its planning and management and their contribution to its application? ...

Are you ready to introduce, if necessary, radical changes in the existing health delivery system so that it properly supports primary health care as the overriding health priority?

Are you ready to fight the political and technical battles required to overcome any social and economic obstacles and professional resistance to the universal introduction of primary health care?

Alma-Ata was, in my biased opinion, one of the rare occasions where a sublime consensus between the haves and the have-nots in local and global health emerged in the spirit of a famous definition of consensus:

“I am not trying to convince my adversaries that they are wrong, quite to the contrary, I am trying to unite with them, but at a higher level of insight.”

The Alma-Ata primary health care consensus also reflects a famous truism: “The Health Universe is only complete for those who see it in a complete light, it remains fragmented for those who see it in fragmented light!” ...

Being an inveterate optimist I do believe that the struggle between memory and forgetfulness can be won in favour of the Alma-Ata Health for All Vision and its related Primary Health Care Strategy. Let us not forget that visionaries have been the realists in human progression. And so, distinguished audience, let us use the complete light generated by WHO’s Constitution and the Alma-Ata Health for All Vision and Primary Health Care Strategy to guide us along the bumpy, local and global health development road.

Thank you.

Congratulations to Fran Baum

SACHRU Director, Fran Baum is one of 14 outstanding researchers to receive a coveted Federation Fellowship, which are renowned as the country’s best-known and most valuable research grants, from the Australian Research Council (ARC). Fran is also the first academic from Flinders University to receive the prestigious honour, which was announced by the Prime Minister, Kevin Rudd, and the Minister for Innovation, Industry, Science and Research, Senator Kim Carr on 22nd April 2008. This is a significant achievement, not only for Fran and Flinders University, but for the field of Social Science as a whole. Historically, very few social scientists have been recognised by these grants, but winning this grant is very timely given that social inclusion and health inequality are priority issues for the new Federal Government. The ARC’s total funding of \$1.6 million over five years will be used to establish a national Institute for Health, Society and Equity.

The Federation Fellowship is also supported by the SA Department of Health, the SA Social Inclusion Unit and the Premier’s Science and Research Fund. The Institute will include SACHRU as well as the Australian Health Inequities Program and the Health & Society area of research focus grouping at Flinders University.

Healthy Public Policy – 1988 revisited

Twenty years ago, in April 1988, the Second International Conference on Health Promotion was held in Adelaide, Australia. The Adelaide Conference on Healthy Public Policy made some statements and recommendations that are worth reflecting on in 2008.

Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy and by an accountability for health impact. The main aim of health public policy is to create a supportive environment to enable people to lead healthy lives.

Health is both a fundamental human right and a sound social investment. Governments need to invest resources in healthy public policy and health promotion in order to raise the health status of all their citizens. A basic principle of social justice is to ensure that people have access to the essentials for a healthy and satisfying life.

Inequalities in health are rooted in inequities in society. Closing the health gap between socially and educationally disadvantaged people and more advantaged people requires a policy that will improve access to health-enhancing goods and services, and create supportive environments.

Healthy public policy responds to the challenges in health set by an increasingly dynamic and technologically changing world, with its complex ecological interactions and growing international interdependencies.

The Conference identified four key areas as priorities for health public policy for immediate action:

Supporting the health of women

This Conference proposes that countries start developing a national women's healthy public policy in which women's own health agendas are central and which includes proposals for:

- equal sharing of caring work performed in society;
- birthing practices based on women's preferences and needs;
- supportive mechanisms for caring work, such as support for mothers with children, parental leave, and dependent health-care leave.

Food and nutrition

A food and nutrition policy that integrates agricultural, economic, and environmental factors to ensure a positive national and international health impact should be a priority for all governments. The first stage of such a policy would be the establishment of goals for nutrition and diet. Taxation and subsidies should discriminate in favour of easy access for all to healthy food and an improved diet.



Tobacco and alcohol

This Conference calls on all governments to consider the price they are paying in lost human potential by abetting the loss of life and illness that tobacco smoking and alcohol abuse cause. Governments should commit themselves to the development of healthy public policy by setting nationally-determined targets to reduce tobacco growing and alcohol production, marketing and consumption significantly by the year 2000.

Creating supportive environments

Many people live and work in conditions that are hazardous to their health and are exposed to potentially hazardous products. Such problems often transcend national frontiers. Environmental management must protect human health from the direct and indirect adverse effects of biological, chemical, and physical factors, and should recognize that women and men are part of a complex ecosystem. The extremely diverse but limited natural resources that enrich life are essential to the human race. Policies promoting health can be achieved only in an environment that conserves resources through global, regional, and local ecological strategies. This Conference advocates that, as a priority, the public health and ecological movements join together to develop strategies in pursuit of socioeconomic development and the conservation of our planet's limited resources. The commitment to healthy public policy demands an approach that emphasizes consultation and negotiation. Healthy public policy requires strong advocates who put health high on the agenda of policy-makers. This means fostering the work of advocacy groups and helping the media to interpret complex policy issues.

Future Challenges

1. Ensuring an equitable distribution of resources even in adverse economic circumstances is a challenge for all nations.
2. Health for All will be achieved only if the creation and preservation of healthy living and working conditions become a central concern in all public policy decisions. Work in all its dimensions - caring work, opportunities for employment, quality of working life -dramatically affects people's health and happiness. The impact of work on health and equity needs to be explored.
3. The most fundamental challenge for individual nations and international agencies in achieving healthy public policy is to encourage collaboration (or developing partnerships) in peace, human rights and social justice, ecology, and sustainable development around the globe.
4. In most countries, health is the responsibility of bodies at different political levels. In the pursuit of better health it is desirable to find new ways for collaboration within and between these levels.
5. Healthy public policy must ensure that advances in health-care technology help, rather than hinder, the process of achieving improvements in equity.

Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health

As many readers would know, Fran Baum is one of the Commissioners on the Commission on Social Determinants of Health. The Commission on Social Determinants of Health was established in 2005 by the late WHO Director-General, Dr LEE Jong-wook, to marshal evidence and make recommendations on reducing health inequities. The Commission recently released their report. Here's what the WHO said in their media release:

Global social inequalities lead to widely diverging health patterns – UN report

28 August 2008 – A Japanese woman will live 42 years longer than a woman in Lesotho, and such a staggering disparity in life expectancy is due to inequalities in where people are born, grow up and age, the United Nations World Health Organization (WHO) said in a new report issued today.

“Social injustice is killing people on a grand scale,” a commission comprised of academics including Nobel Prize winner Amartya Sen, former heads of state and health ministers said after a three-year investigation. According to their study, entitled “Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health,” biology is not at fault for the odds of a woman in Afghanistan dying in childbirth being 1 in 8, compared to a mother in Sweden, where the risk is 1 in 17,400.

“The toxic combination of bad policies, economics, and politics is, in large measure, responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible,” the report noted. Recent years have witnessed surges in global wealth, technology and living standards, but how resources are allocated to services and institution-building in low-income countries is key. A nation's wealth alone does not determine the health of its population, the Commission said, citing the examples of Cuba, Costa Rica, China

and Sri Lanka as countries which have achieved high levels of health despite relatively low national incomes.

The report pointed to the model of Nordic countries, where resources are put towards promoting equal benefits and services, full employment and gender equality, as well as for curbing social exclusion.

It also highlighted some glaring inequalities in health within countries. An indigenous Australian male can expect to live 17 years shorter than all other men in the same country, while maternal mortality is three to four times higher among Indonesia's poor women compared to its rich women.

To broach inequalities both within and among nations, the 13-member Commission made three broad recommendations: to boost daily living conditions; to address distortions in the distribution of power, money and resources; and to understand the problem's scope.

“Health inequity really is a matter of life and death,” said WHO Director-General Margaret Chan, who was presented with the report today. She stressed that national health systems will not trend towards equity without “unprecedented leadership” to drive people on all fronts, not just in the health sector.

2008 Fulbright Symposium, Adelaide

The 2008 Fulbright Symposium – *Healthy People, Prosperous Country* – hosted by Flinders University and the Cooperative Research Centre for Aboriginal Health was held at the National Wine Centre in Adelaide over two days (10-11 July) with a third day (12 July) dedicated for a group of Emerging Leaders.

The Symposium posed the question: In a rapidly changing world, how can we make a difference?

So many aspects of our world influence the health and wellbeing of a society. Education, employment, housing, the economy, and the haves always fare better than the have-nots. So how can we act to bring about a healthy and prosperous society for us all?

This Symposium set out to:

- Show how concerted action across sectors can promote health, wellbeing, and social, ecological and economic prosperity.
- Provide examples of success stories from Australia and the USA, including successes in Indigenous communities.
- Deepen understanding of the underlying causes of health and ill health, and how inequities act as a barrier to health and wellbeing.
- Provide ideas and strategies to help participants to act to bring about change locally.
- Bring together leading social determinants experts and activists from across Australia and the USA.
- Challenge participants with thought-provoking speakers who will advocate for progressive change to our economic and social systems in order to make our societies sustainable and healthy.

The Symposium brought together people across all sectors who were interested in bringing about change to ensure that 21st century living promotes health, wellbeing and prosperity and expressed an interest in promoting health and well-being through taking action on the social determinants of health. Around 220 participants – academics, community members, professionals and policy makers from a range of sectors (economic, planning, housing, employment, environment, health, education, urban planning) attended the two-days.



Welcome to Country from the Paitya dancers at the Fulbright Symposium, Professor Michael Barber (Vice-Chancellor, Flinders University) in the Chair.

Evening Discussion panel

An outstanding part of the symposium was the Evening Discussion panel: Health, Hope And Happiness: Creating Prosperous Societies. The ABC Radio National's Peter Mares, moderated the panel of distinguished speakers:



Sir Michael Marmot (Director, International Institute for Society and Health, University College, London), Pat Anderson (Chair, Cooperative Research Centre for Aboriginal Health), Dr David Satcher (Former Surgeon General of the United States), Dr Carmen Lawrence (Former Australian Minister for Human Services and Health) and David Korten (Co-founder, Positive Futures Network (USA))

Program Highlights

The symposium was opened by the Hon. Nicola Roxon, Minister for Health & Ageing in the federal Labor Government. The Minister took the opportunity to announce the formation of a National Indigenous Health Equality Council which will advise the Rudd Government on how best to achieve the 'closing of the health gap' between Aboriginal and other Australians.

The opening keynote address was delivered by Professor Sir Michael Marmot, Director, International Institute for Society and Health and MRC Research Professor of Epidemiology and Public Health, University College London. Sir Michael chairs the Commission on Social Determinants of Health. In a stark example of how social determinants create huge disparities in health outcomes Sir Michael told the symposium that more than a quarter of the deaths from cardiovascular disease in Australia in 2002 were caused by socioeconomic inequality. He said action was required on a broad front – from the circumstances in which children are born to the way in which they grow, work and age.

“In Australia, if everyone experienced the same death rates as those in the least disadvantaged areas 28 per cent of deaths from cardiovascular disease (CVD), over 3,400 CVD deaths, would have been avoided in 2002,” Sir Michael said. “These excess deaths are due to socioeconomic inequality,” he said. Citing evidence from the United States, Sir Michael made the case for the positive role to be played by improvements in education. “Medical advances averted 180,000 adult deaths in the US between 1996 and 2002. Addressing educational inequalities in mortality would have saved 1.4 million lives,” he said.

In a provocative session that asked us to ‘Imagine If the Economy Was Built On the Need for Equity and Inclusion’ Dr David Korten, American writer and thinker, whose books include *The Great Turning: From Empire to Earth Community* and the international best seller *When Corporations Rule the World*, stated that the world faces a threefold crisis of Environmental Collapse, Social Unravelling and Dysfunctional Institutions, which call for a threefold agenda to:

1. Meet our emotional needs through caring relationships,
2. Create an equitable global middle class society, and
3. Organize economic life around life-serving local economies.

David’s address prompted a vigorous discussion with a panel comprising Flinders University academic, Professor Sue Richardson and Newcastle University’s Professor Dennis Foley facilitated by Professor Fran Baum.

On the second day, Dr David Satcher, former Surgeon General of the United States and Professor Ian Anderson from the University of Melbourne and new appointed chair of the Indigenous Health Equality Council explored Social Determinants under Crisis and contrasted different responses to Race, Health and Emergency. Dr Satcher described some of the leadership crises resulting from Hurricane Katrina. These include the health of children displaced by the storm and re-building the healthcare infrastructure.

Professor Anderson described some of the issues raised by the Northern Territory Intervention, the framework for which he argues has been discursively integrated with an approach that is framed by the ‘new paternalism’, has been morphed (through either design or activism) as response that has made some investment in capacity, but with no apparent investment in the determinants of child welfare (poverty or education).

In her closing address, Dr Carmen Lawrence challenged the “Us and Them” division. Citing a major review of the evidence from the medical literature, Dr Lawrence noted that patients from minority groups were ‘less likely to receive adequate information and less likely to be engaged partners in medical decision making.’ She went on to say that ‘it is not surprising that members of minority groups have been shown to have less trust in the health care system and in health care providers than the rest of the community.

This is all the more important because there is evidence that the worse the doctor–patient relationship, the poorer the recall of medical information, the poorer the adherence to recommended treatment and the poorer the health outcomes. Added to this, of course, are the direct effects that experiences of racism and discrimination have on health and wellbeing.’ A shortened version of her address is reproduced in *Gwalwa-Gai*, the on-line newsletter of the CRCAH (<http://www.crcah.org.au/communication/Enews/Gwalwa-Gai15/gwalwagai15.html#sij>).

Kate Biedrzycki (SACHRU) speaking at the Emerging Leaders Program



SACHRU researchers win major grant from National Health & Medical Research Council

Evaluating the effectiveness of comprehensive primary health care in local communities

This research will develop and implement a program logic evaluation in order to assess the effectiveness of various models of primary health care service delivery. Although comprehensive primary health care holds considerable promise to meet the growing demands on the health system, it has not been thoroughly evaluated. Comprehensive primary health care is a large and complex area, therefore part of the project focuses on services and client experiences in two chronic diseases: diabetes & depression. The research is funded by the National Health & Medical Research Council for \$1,542,000 for the period January 2009 to December 2013.

The Chief Investigators are:

- Prof Fran Baum, Head, Department of Public Health, Flinders University
- Prof Ronald Labonte, Professor, Department of Epidemiology and Community Medicine, University of Ottawa, Canada
- Prof David Sanders, Professor, School of Public Health, University of the Western Cape, Cape Town, South Africa
- A/Pr David Legge, Assoc Prof, School of Public Health, La Trobe University
- Ms Gwyn Jolley, Senior Research Officer, SACHRU, Flinders University
- Ms Angela Lawless, Senior Research Officer, SACHRU, Flinders University
- Mr Michael Bentley, Senior Research Officer, SACHRU, Flinders University

Comprehensive Primary Health Care (CPHC) is a model of health system organisation that has considerable promise in addressing 21st century health issues including effective management and prevention of chronic diseases, achieving more equitable health outcomes and involving communities in planning and managing services.

This study will contribute to the understanding of CPHC by studying models of CPHC services in the Australian context and pioneering evaluation methods to determine the effectiveness of CPHC services.

The study will use quantitative and qualitative methods in participatory action research that engages policy-makers, health service personnel and local communities. In the first stage of the project a program logic model and an evaluation framework of CPHC good practice will be developed. The program logic will articulate how and why CPHC service components and activities are likely to lead to desired individual and population health outcomes based on the theory, evidence and values underpinning a CPHC approach. An evaluation framework will be developed from the logic model.



In stage two, the effectiveness of 6 case study sites:

- Port Adelaide Community Health Service
- Parks Community Health Service
- GP Plus Woodville
- GP Plus Marion
- Muna Paiendi Primary Health Care Service
- Central Australian Aboriginal Congress

Representative of some of the long-standing and emerging models of primary health care delivery in Australia, will be examined in two ways:

1. The extent to which the case study sites conform or differ from the program logic of CPHC good practice in terms of an assessment of the scope and style of their activities across therapeutic approaches, rehabilitation, disease prevention and health promotion.
2. The ways in which the six case study models perform in relation to two prevalent chronic disease conditions - diabetes and depression.

The individual patient journey and population health performance in relation to these two issues will be studied in detail. These conditions were chosen after consultation with key stakeholders, including proposed case study site managers.

Finally the study will reassess the program logic in light of the case study findings. What do the case studies tell us about effective models of primary health care and how the components of CPHC good practice relate to impacts on individual patients and population health outcomes? Enhancers and impediments to implementing effective models of PHC within the Australian health system will be explored.

Specific methods for researching the case studies include: observational site visits and collection of documentation; interviews with key stakeholders (managers, staff, service users, policy-makers); case tracking of diabetes and depression patients, interviews with a sample of these patients; waiting room surveys, audits of population health activity and service assessment workshops. Significant value adding is achieved through direct association with the cutting-edge global CPHC project *Revitalizing Health for All: Learning from Comprehensive PHC*.

This project demonstrates policy and practice relevance, stakeholder engagement, timeliness and significance in addressing an under-researched topic of importance to the Australian health system.

Equity Fair and Population Health and Equity short course

23rd and 24th September 2008

This two day training was a collaboration between SACHRU, Department of Public Health and the Australian Health Promotion Association (SA branch). Approximately 60 people attended each day; mainly primary health care practitioners and tertiary students.

On the first day, a plenary session looked at the big picture – health equity and the social determinants of health, and the role of the SA Strategic Plan. A gender audit process and the SA Gender Analysis tool were described as examples of equity tools to assist organisations to recognise and address inequities.

Three programs were presented and discussed as case studies: Supporting Mums and Babies, Southern Adelaide Health Service; Engaging with newly arrived African refugee children, young people and their families, Central Northern Adelaide Health Service; and Imagine Peachey, City of Playford.

On the second day participants used role modelling to consider social determinants and health equity issues from a variety of perspectives. Current activity in SA was described using some case studies of actions. The rest of the day was spent in workshopping what can be done and how we can best take action on social determinants to focus on addressing inequity. Practical examples were used to draw out lessons for policy and practice. The presentations are available from SACHRU's website at:

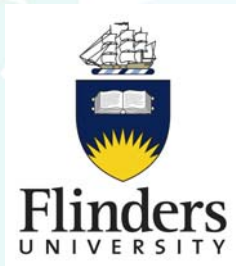
[http://som.flinders.edu.au/FUSA/SACHRU/Conferences/events_2008.htm].

Using healthy settings to promote good nutrition

SACHRU is engaged in several evaluations of projects that are using a healthy settings approach to promoting good nutrition.

Community Food Security, a project of Red Cross in South Australia, consists of two programs – the Good Start Breakfast Club and Community Food Security. These programs are centred in two school communities – Kaurna Plains School, Elizabeth and Coober Pedy Area School, Coober Pedy. Elsa Barton and Gwyn Jolley are conducting the evaluation using a combination of student food intake surveys, focus groups with students, teachers and parents, and supporting volunteers to collect data from local community stakeholders in the two areas. The project started in July 2008 and runs to December 2009.

The National Healthy School Canteens Project is a Federally funded project aiming to bring consistency to the various State and Territory initiatives to support the provision of health food in school canteens. The project has three phases – establishing national criteria for food to be sold on school canteens, training canteen managers and others in implementing the criteria and developing an evaluation framework to assess the outcomes. The project is being conducted by a team of researchers from Flinders University from April 2008 to 2010. Gwyn Jolley is involved in the evaluation phase. A website [<http://www.nhsc.com.au/index.html>] has been set up to provide access to information about the project and opportunities to comment on draft materials.



Learn to make a difference

Study with the Department of Public Health at

Flinders University

South Australia

Master of Health and International Development (MHID)

A collaborative program of the Department of Public Health and Centre for Development Studies which:

- Acknowledges the increasing complexity of working in the international development context.
- Addresses the need for a contemporary understanding of aid and international development by those working in the health sector.
- Provides an informed understanding of health in development for aid and development managers.
- Provides clear career opportunities for people already working in, or planning to pursue careers in government, NGOs or private consulting organisations both in Australia and overseas.

Flexibility to suit you

- Full-time or part-time
- Internal and external study modes
- Teaching materials delivered to you
- Mid – year entry also available
- Credit may be granted to candidates with recognised experience and qualifications.

High quality teaching and research

Our highly experienced and enthusiastic academic staff have won international and national recognition for their teaching and research. They have strong links with health and development programs in Australia and overseas.

Other courses available with the Department of Public Health include:

- **Master of Public Health**
- **Graduate Certificates**
- **Doctor of Public Health**
- **Honours**
- **PhD**

Master of Public Health (MPH)

We offer a Master of Public Health, with 5 specialties where students can choose from the following streams:

- Primary Health Care
- Public Health
- Public Health Research
- Health Service Management
- Public Health Nutrition

This new Master of Public Health course has been specially designed to anticipate the changed needs and structure of the public health and primary health care workforce. It recognises that the workforce is broad and multidimensional and we welcome applications and enquires from students from all academic backgrounds.

The course provides core studies in the social and economic determinants of health, which students apply to specialty areas. The resulting study program is a unique opportunity to address current problems in public health and primary health care through a specialty framework. Each specialty builds on our strong national and international academic and research reputation.

Students graduating from the course should be able to:

- apply theory to effective practice
- evaluate evidence relevant to current public health problems
- develop interventions based on social model of health
- examine multi-disciplinary approaches to public health
- understand and anticipate health problems and systems

Recognition may be given to existing or previous study, subject to approval of course coordinator.

Study abroad opportunities in the Master of Public Health

Australian-European Public Health Education Project (Aus-EUphe)

Over the next three years, students in the Flinders MPH Program are eligible to apply to undertake part of their studies in either: the University of Applied Sciences in Hamburg, Germany; Kaunas University of Medicine, Lithuania; Jagiellonian University, Krakow, Poland; or University of Southern Denmark, Esbjerg, Denmark. Students will be financially supported to study abroad in this project.

For further information about courses, fees and application processes, please contact us:

Email: carol.gibb@flinders.edu.au

Phone: + 61 8 7221 8427

Website: <http://som.flinders.edu.au/FUSA/PublicHealth>

Young Nungas Yarning Together

SACHRU recently evaluated the Peer Education component of the Young Nungas Yarning Together program.

The Young Nungas Yarning Together Program targets young Indigenous people aged between 12-20 years of age. The program is conducted as a partnership between the Aboriginal Drug and Alcohol Council (SA) Inc (ADAC) and Central Northern Adelaide Health Service (Parks Primary Health Care Service).

The overall aim of the Young Nungas Yarning Together program is to:

- Motivate young Indigenous people to play an active role in drug prevention.
- Provide young Indigenous people with the knowledge and skills necessary to avoid drug use and inform them of harm minimisation principles
- Develop the skills of young Indigenous people as ‘peer educators’ with ability to actively support other young people
- Provide young Indigenous people with access to appropriate and up to date information, resources and support.
- Access to accredited training, pathways for future training

As part of this program, a 16 week peer education program for young Indigenous people was designed to enable up to 20 participants to receive information, discuss issues, develop strategies in the prevention of drug use, learn and practise new skills, develop positive peer relationships and develop resources that can help other young Indigenous people with information around alcohol and other drugs.

The resulting Peer Education Resource DVD – Which Path Will U Take – comprises 8 stories:

1. Look out for your sistas
2. Drink Driving
3. Beach Party
4. Dance Party
5. Impacts on Family
6. Dealing with Addiction
7. RAP – The Blood that runs through me runs through U
8. Which Path Will U Take?

The 8 stories cover a wide range of drug and alcohol stories. In getting the harm minimisation message across, the stories also emphasise the strengths of peer support and friendship – ‘look out for your sistas’, ‘good mates try and keep each other safe’, ‘friends are more important than drugs’, ‘don’t blow your friendship up in smoke’ – as well as the consequences of drug and alcohol misuse – ‘Drugs and Alcohol can make u crazy’, ‘Ecstasy: u don’t know wat it will do 2 u’, ‘every high has a low’, ‘coming down can mean Depression, ‘drugs hurt people who are closest to you’.

The DVD was launched at a ceremony attended by over 100 people, including many service providers who provided positive feedback. The young Indigenous people received awards for their achievement at this ceremony. The group were subsequently invited to go to four different youth services to show and present the DVD. In 2008, the program has been developing the educational package to promote the DVD.

For information about the program and the DVD, contact Katie Perry on (08) 8243 5578 or email perry.katie@health.sa.gov.au or adac@adac.org.au or email Michael Bentley at michael.bentley@flinders.edu.au

Readers may also be interested in the SACHRU report – Peer Education: Current Literature Practice and Emerging Trends (2007). See <http://som.flinders.edu.au/FUSA/SACHRU/Publications/peer.htm>

Articles of interest on Alma-Ata, Social Determinants of Health, Comprehensive Primary Health Care

In the Medical Journal of Australia: The promise and pitfalls of generalism in achieving the Alma-Ata vision of health for all

Jane M Gunn, Victoria J Palmer, Lucio Naccarella, Renata Kokanovic, Catherine J Pope, Judith Lathlean and Kurt C Stange, MJA Volume 189, Number 2, 21 July 2008, pp. 110-112

In The Lancet: Can health equity become a reality?

Health Equity - A global movement to address the social determinants of health has been gathering pace. This issue of The Lancet contributes to this campaign by publishing evidence on actions that can reduce the startling health inequalities that persist within and between countries. The Lancet, Volume 372, Issue 9650 - 8 November 2008

In the British Medical Journal: Tackling health inequities

WHO report calls for global action to ensure health equity within and between countries
George Davey Smith and Nancy Krieger
BMJ 2008;337:a1526, doi: 10.1136/bmj.a1526 - Published 3 September 2008

From the World Health Organization: The World Health Report 2008: Primary Health Care – Now More Than Ever

Why a renewal of primary health care (PHC), and why now, more than ever? Globalization is putting the social cohesion of many countries under stress, and health systems are clearly not performing as well as they could and should. People are increasingly impatient with the inability of health services to deliver. Few would disagree that health systems need to respond better – and faster – to the challenges of a changing world. PHC can do that.

The Report is freely accessible on the WHO web site at:
[\[http://www.who.int/whr/2008/en/index.html\]](http://www.who.int/whr/2008/en/index.html)

Healthy and Sustainable Cities and Communities: reflections from the 2007 and 2008 short courses

Michael Bentley, Senior Research Fellow, South Australian Community Health Research Unit

Since the 1990s, the Department of Public Health at Flinders University has conducted short courses on Healthy Cities and Communities, based on the World Health Organization's Healthy Cities approach, which 'seeks to put health high on the political and social agenda of cities and to build a strong movement for public health at the local level.' With the increasing significance given to sustainability, the course has been revamped to focus on the role of collective action across sectors (community, local government, education, environment, health) in promoting health and wellbeing within the broader context of social, environmental, economic and cultural sustainability. The Healthy and Sustainable Cities and Communities short course has been conducted in 2007 and 2008 by the South Australian Community Health Research Unit in conjunction with the Department of Public Health and Healthy Cities Noarlunga/Onkaparinga.

The short course also aims to assess the factors and influences that help or hinder in creating holistic approaches to healthy and sustainable cities and communities and consider how the philosophy and practice of Healthy and Sustainable Cities initiatives could be applied by participants in their own organisations/communities. The revamped short course draws on local and global perspectives to introduce themes such as social sustainability, water, climate change, food and the environment, energy and equity, ecological economics, urban planning, and healthy and sustainable futures.

In 2007, the course was privileged to have Professor Ilona Kickbusch as a keynote speaker. Ilona is a Global Health Consultant (Kickbusch Health Consult) and was a Thinker in Residence with the South Australian government at the time. She presented on the social and economic determinants of health and wellbeing for the 21st century.

In 2008, Rita Conrad, Executive Director of the Oregon Progress Board presented on the success factors in the *Oregon Shines* journey. *Oregon Shines* is the strategic plan for the future of Oregon and all Oregonians.

Fran Baum and Ian Lowe have been keynote speakers in 2007 and again in 2008. Ian Lowe is Emeritus professor of Science at Griffith University and current president of the Australian Conservation Foundation. Ian's vision of a **HEALTHIER** future – one that is **H**umane, takes an **E**cocentric Approach, looks to the **L**ong Time **H**orizon, and is **I**nformed, **E**fficient and **R**esourced – has inspired participants in both courses.



2008 Short Course participants



Ian Lowe

Here's what some of them had to say on the course:

Superb selection of speakers – the keynote speakers were very good – the panel discussion [on change] on the last day stand out for me. Also excellent organisation & facilitation.

The sustainability component is fantastic!! – I find it is a buzz word used at work, but I don't think many truly understand it. Having a strong focus on sustainability has given me a good understanding of its importance.

I do have the opportunity to create change in both my personal & professional life. Small actions can result in big change – if done in the right way. I was aware of a lot of the big issues before the course, but now I feel I have the tools to start to do something about them.

[The course] really introduced me to a new, more open way of thinking about health.

Ian Lowe's optimism for life in the face of his evidence of doom and gloom future is fabulous.

The 3rd Global Conference of the Alliance for Healthy Cities: Health security in the City, Healthy Cities building a better future.

***23rd – 26th October 2008
Ichikawa City, Chiba, Japan***

Gwyn Jolley attended this conference to present a paper 'Challenges and new approaches to evaluation for Healthy Cities' by Gwyn Jolley and Fran Baum, and to represent Healthy Cities Onkaparinga (formerly Healthy Cities Noarlunga). The conference received over 500 registrations. Attending were Mayors, academics and government officials from Australia, China, Japan, Korea, Malaysia, Mongolia, Philippines and Vietnam, as well as representatives from the WHO Western Pacific Regional Office and others.

The chair of the organizing committee for the 3d Global Conference, Mr Naokimi Kataoka, opened the conference and this was followed by messages from a number of Japanese dignitaries. The keynote lecture by Dr. Shigeru Omi addressed the topic 'Global Health Security and Roles of Cities'. The Mayors summit followed with speeches from Mayors representing each member country of the Alliance.

The Global Assembly on 26th October presented the opportunity for all members of the Alliance to receive and approve the reports from the Steering Committee, Secretariat and Mayors meeting. The successful city bidding to convene the next Global Assembly was announced. This next conference (2010) will be convened by Gangnam City, Seoul, Republic of Korea.

Australian Chapter of the Alliance for Healthy Cities

The Australian Chapter of the Alliance received formal approval following submission of an activity report for 2007-08. Current Australian chapter members are: Casey City Gold Coast City, Logan City, Kiama City, Townsville City, Healthy Cities Illawarra, Healthy Cities Onkaparinga, Deakin University, Flinders University, Griffith University. Four other cities have expressed interest and will be followed up in 08/09.

**DATES TO KEEP IN YOUR DIARY
For 2009**

The Dept of Public Health, Flinders University, Adelaide

**Health Promotion and Health Services
5 Day Short Course
Monday 20th April to Friday 24th April, 2009**

Course Facilitator: Associate Professor Frank Tesoriero, (08) 7221 8417
Department of Public Health, Flinders University, Adelaide

*** Evaluation
5 Day Short Course
Monday 17th August to Friday 21st August, 2009**

Course Facilitator: Dr George Tsourtos, Lecturer,
(08) 7221 8418
Department of Public Health, Flinders University.

**Healthy & Sustainable Cities & Communities
5 Day Short Course
Monday 12th October to Friday 16th October, 2009
(these dates are to be confirmed)**

Keynote presenters at the course include

- Professor Fran Baum, Foundation Director of the South
Australian Community Health Research Unit and Director of The Institute for
Health, Society Equity based at Flinders University

Course Facilitator: Michael Bentley, (08) 7221 8414
Senior Research Officer, SACHRU

Venue: Flinders University, ADELAIDE, South Australia

Additional Short Courses to follow.

The course dates and content will be confirmed throughout the year and
available on the Department of Public Health Website:
Short Course information and registration forms are available on our web site:
<http://som.flinders.edu.au/FUSA/PublicHealth>
(Click on "Short Courses" under menu)

**For further information on any of the Short Courses, please contact:
Chris Re'vell: Phone: 61 – 8- 7221 8425 Fax: 61 – 8 – 7221 8424
Email: chris.revell@flinders.edu.au**

The short courses marked with an (*) are also available as assessed topics of
study with the Department of Public Health.

If you would prefer to do the short course as workforce development - that
is, without undertaking assignments or further work, please contact Chris
Re'vell and register on a short course registration form to participate.

If you would prefer to undertake an assessed topic of study (and attend the
short course associated with it) you will need to enrol through the University
before the 13th March 2009 for semester 1 and 7th August 2009 for
semester 2 and pay a different fee.

For topic/enrolment information contact Carol Gibb (Admin officer,
Academic) carol.gibb@flinders.edu.au or 61 – 8 - 7221 8427



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(SACHRU)

Research Matters was written and produced by
the South Australian Community Health
Research Unit.

Layout by Mitchell Fitzgerald.

A new direction for Research Matters

2009 will herald a change in the role of *Research Matters*. The newsletter has worked well as a vehicle for disseminating SACHRU's work and publicizing and documenting events of interest to primary health care practitioners, researchers and policy makers. *Research Matters* will continue to perform these functions but in addition will feature contributions from the field.

Feedback to SACHRU from our 'showcase' days and other forums has highlighted the need for ways in which practitioners and others can disseminate their experiences about what works and what doesn't. We will welcome contributions that examine health issues through a primary health care lens, describe projects and evaluations, explore methods, pose dilemmas, reflect on practice and policy. Our vision is that *Research Matters* will become an important means of communicating about what's happening in primary health care and health promotion in South Australia and beyond.

Interested in contributing to our first revamped edition in April 2009?
Contact angela.lawless@flinders.edu.au
or elsa.barton@flinders.edu.au

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