

Submission

National Preventative Health Strategy

Australia: the healthiest country by 2020

This submission addresses TOR number 3, namely

"...provide advice on the most effective strategies for targeting prevention in high risk sub-populations including Aboriginal and Torres Strait Islander peoples and people living in rural and remote locations;"

The emphasis of the submission is remote living Aboriginal people across the north of Australia however the principles can be equally applied to low social-economic groups where employment is low, education outcomes poor and ill health with drug use prevalent.

This submission describes a process which the Taskforce is asked to consider and if appropriate support as a novel approach to a large problem – closing the gap in life expectancy between Indigenous and non-Indigenous Australians.

1. ABSTRACT

Content submitted through

<http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/online-submisison-form>

This submission will highlight the need to approach "Closing the Gap" for Indigenous Australians, especially those in remote communities, in an innovative way using media to counter the strong influences of mass media advertising.

The multi million dollar advertising of the likes of Coca Cola, beer manufacturers, fast food merchants and cigarette images are so highly professionally prepared that a similar approach is needed.

The Aboriginal person in a remote community born after say 1970 have lived all their life in a community where health has been on the decline. These people do not know what *Good Health* is.

This submission projects a program where skilful media advertising and effective point of sale is used as the tool to create a demand for *Good Health*.

An effective "point of sale" will be a Good Health Store (incorporating a pharmacy) and with a point of sale where the media messages are reinforced with interest.

This program is believed by the author to be a must for sustainable behavioural change to a healthy lifestyle with associated habits such as diet, exercise, education and sport.

2. SUMMARY

There is a need to sell a product called *Good Health* to a population which in the main has never experienced it. It (*Good Health*) needs to be sold with all the panache and vigour which multi national marketing companies sell "Ill Health".

The project is a promotional program utilizing social marketing techniques to "sell" the product "*Good Health*" to a population group unaware of the benefits or experience with good health.

The motivation for the program comes from a serious desire to establish economic and social development at remote communities (towns) across the north of Australia. It is believed this can only be successful with the population in a state of good health. In order to achieve the successful outcome of allowing people to move away from welfare dependency to economic self sufficiency it is necessary to implement a program that will enhance the health status of the population – many of whom have never experienced a state of "good health" by western standards.

The program should be developed and piloted in at least two towns – suggest Galiwin'ku and Nguuu - and run for an initial period of two years. The aim will be for it to be sustainable and provide a model for other communities to follow, on a regional, Territory or across to the Kimberley and Cape York.

3. BACKGROUND

The location for the "Good Health Store" at Galiwin'ku is due to the desire of Yolgnu (Aboriginal) people to improve their place in the world and create sustainable development that will benefit the entire community. The blending of the vision of the Yolgnu people and the previously developed plans of the Darwin based RWM Consultancy has resulted in the idea of a second store for Galiwin'ku to be the focal point for a "Good Health" social marketing program. This would incorporate a pharmacy business which would add value to all advice being given and generate income through providing Pharmaceutical Benefit Scheme medicines to the local health centre.

The demographics of the community of Galiwin'ku are no different to any other remote Aboriginal community in the North of Australia with the following key features of disadvantage¹:

- Poor health status
- Low levels of literacy and poor school attendance
- Overcrowded housing
- High crime and incarceration rate
- Inadequate transport opportunities to nearby communities and regional centres
- High unemployment and welfare dependence
- Personal and domestic hygiene of sub standard levels to maintain good health
- Few leisure activities especially for young people
- High degree of substance abuse brought on by a state of boredom
- Social capital from pre-colonization era shattered by western invasion

The *Good Health* Program is proposed to be a sustainable attempt to lift the health status of the population to a level where the people can see the link between good health, social happiness, personal fulfillment and economic prosperity.

The key problems that the *Good Health* program will address are:

- A realization that poor health status is an indicator of social despair and exclusion.
- An understanding of the alternative to poor health – good health
- An awareness of the factors that hold a person back in their own self fulfillment through poor health
- An awakening of the benefits to the individual of an improved health status
- How good health for the individual can be extended through to the community by joint and co-operative actions
- An understanding of the need for strong social capital to be returned to a community that has been shattered by past attempts at segregation, assimilation and reconciliation and the consequent breaking down of culture, law and society.
- An education of the elements needed to bring about a status of good health to the individual and in turn the community
- Provide a "point of sale" (Good Health Store) where the elements needed to bring about good health can be obtained

The *Good Health* program will be seen as a pilot in the North East Arnhem region which if successful can be secured for other localities. The program has the overall aim of alleviating the social determinants of ill health and raising the general health status through improved life expectancy.

4. PROGRAM AIMS

- a) Provide the population with an acceptance of the need for improved health
- b) Create a social marketing program that will sell the notion of good health as a new and emerging lifestyle that will benefit the entire community

¹ Report on Government Services 2008. Indigenous Compendium, Productivity Commission, Canberra

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- c) Establish a retail store that will be the key point of sale for all products and advice needed to enable success of the marketing program.
- d) Enable the establishment of key groups to rebuild social capital and return people to work, education and recreation.

5. TARGET POPULATION

The total population of Galiwin'ku will be the target market with elements of the program directed to each population age group.

The fact that the median age of the population is 20 years indicates the strength needed with the younger age groups. 20% of the population is in the age group 15 to 24 years and these will be a particular target due to the fact that they are to be the parents of "tomorrow's child".

The 2006 Census (held on 8th August 2006) shows there were 1,573 Indigenous persons usually resident in Galiwin'ku (Indigenous Area), 49.0% were Indigenous males and 51.0% were Indigenous females. Of the total population 92.6% were Indigenous persons, compared with 2.3% Indigenous persons in Australia. 38.2% of the population usually resident in Galiwin'ku (Indigenous Area) were Indigenous children aged between 0-14 years and 6.2% were aged 55 years and over.

English was stated as the only language spoken at home by 3.4% of Indigenous persons usually resident in Galiwin'ku (Indigenous Area). The most common Indigenous languages spoken were Djambarrpuyngu 80.5%, Galpu 2.2%, Gumatj 1.3%, Wangurri 0.3% and Gupapuyngu 0.3%.

Nguiu on Bathurst Island has a similar profile and the inclusion of this community in the pilot will give the opportunity to fine tune and evaluate comparative outcomes.

6. RATIONALE – the marketing process

The genesis of the marketing of any new product involves the following:

- Start with an idea
- Describe the product
- Research potential market
- Decide costs and break even analysis
- Determine marketing budget
- Develop key consumer statements
- Write up advertising brief

The product is Good Health and the market potential for it within the target market is large



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An examination of the timeline of decline in the health of remote living Aboriginal people shows that at the time of the 1967 Referendum they were fit, healthy and winning events at carnivals such as the Darwin Festival Games. People such as Teresita Puruntatameri (pictured above) from Bathurst Island were being hailed as future stars in track and field events. Today these same people are not well and wonder where it all went wrong.

The timeline further tells that in 1976 along came welfare payments – “sit down” money and with it the ability to buy television sets – colour was introduced to Australian TV markets and with it the inducements to buy consumer goods exposing them to the high powered advertising of products known to be unhealthy.

Is it any wonder that the products of Coca Cola Amatil have in the Northern Territory the highest consumption rate in the world - 529 serves (270mls) per head per year?



7. ADVERTISING BRIEF

The creative team is asked to come up with a campaign that will counter the destructive nature of high powered marketing techniques of multi-national companies operating in the global environment.

The campaign is up against advertising with the following memorable features:



A briefing document for a creative advertising consultant would include the following factors:
Main features of this product will be described as:

a) **It is easy to find in mainstream Australia.** It has:

- No taste
- No smell
- Cannot touch it
- Name to be decided
- Inexpensive
- Well packaged
- Readily available
- Memorable

b) **The product will work among people who:**

- Exercise regularly
- Eat sensibly
- Get a good nights sleep
- Have a stress free home life
- Have a steady job
- Earn a reasonable income
- Live in a community with strong social capital
- Make good use of financial resources
- Holiday often

c) **The product will NOT work among people who:**

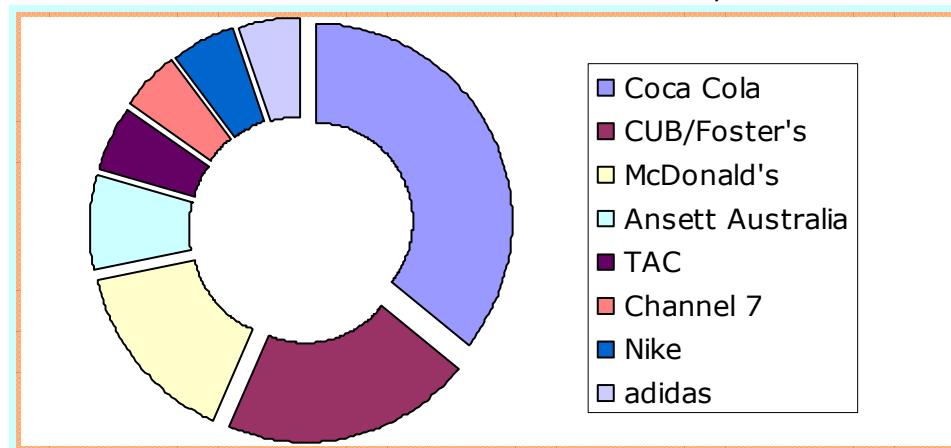
- Have low income levels
- Become reliant on welfare handouts
- Poor education
- Not aware of risks associated with lifestyle choices
- Easily influenced by peers
- Attracted to high powered marketing strategies
- During the day – not much to do with time
- Have...in the main...not much to live for by western standards

The advertising industry is particularly clever in the placement of advertisements to ensure maximum exposure to the target audience most vulnerable to accept the impulse of product purchase.

Statistics from advertising on AFL Football telecasts show the recall of sponsor's advertisements during two periods (Sweeney Market Research) as being:

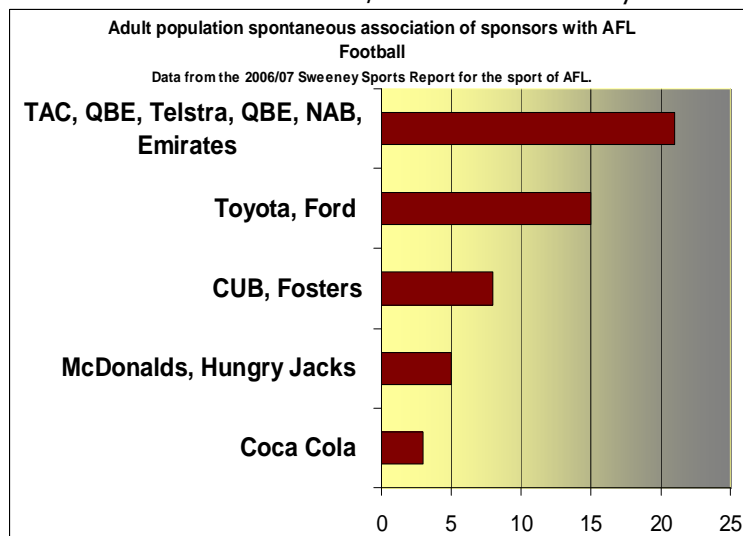
Winter 2001

Most recalled sponsors for AFL football telecasts – Winter 2001 – Source: Sweeney Market Research



Winter 2007

Most recalled sponsors for AFL football telecasts – 2006/07 – Source: Sweeney Market Research



Whilst there has been a shift in the leaders to financial, communications and motor vehicle corporate promotions the advertising for food and drinks remain predominately "ill health" products.

8. OUTCOMES

Improve the health status of the population to a point where they can have the motivation and desire to lead a socially and economically fulfilling life and contribute to the well being of the total population.

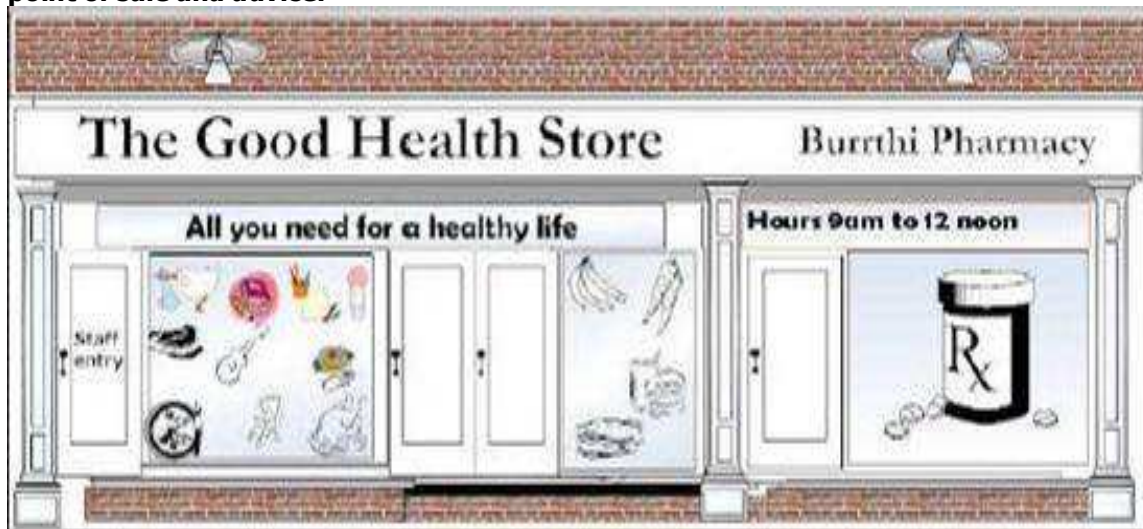
- Improve understanding of the meaning of good health.
- Create understanding of the need for healthy living to maintain a useful place in society
- Understand the elements of good diet and nutrition
- Obtain information that will lead to improved domestic and personal hygiene
- Understand the importance of physical activity and enable opportunities for organized sporting events to involve the whole family.
- Realise the importance of education especially literacy and numeracy in young children as a way to improved health.
- Contribute to the shift away from welfare dependence to a self sufficient economy.

9. ORGANISATION – an action plan to move ahead

The following is seen as being necessary to action the program described in this submission:

- Obtain input from as many in the field of alleviating Aboriginal disadvantage as possible – hopefully using new ideas and avoid references to what did not work.
- Form a steering committee based in Darwin of agencies with an interest in NE Arnhem Land and the Tiwi Islands with experience to input.
- Form steering group at Galiwin'ku and Nguiu to manage local action
- Appoint Product Manager to guide all strategies, development, production and launch.
- Prepare marketing plan as brief to a high flying advertising agency including budget.
- Plan opening of Good Health Store
- Prepare evaluation model including Key Performance Indicators
- Obtain benchmark data for evaluation

10. POINT OF SALE – the importance of the product being available following advertising with good point of sale and advice.



The concept of a Good Health Store (incorporating a pharmacy) is seen as essential to the success of the program. Not only will this support the program but it will also provide much needed employment opportunities with training and vocational guidance for a number of Aboriginal people who will have a commitment to seeing improvements in the way of life for its community

The Good Health Store will compliment any other retailing activity in the towns and should not be seen as opposition to established stores. The community will have a choice – good health with advice and counselling or previous habits that lead to ill health.

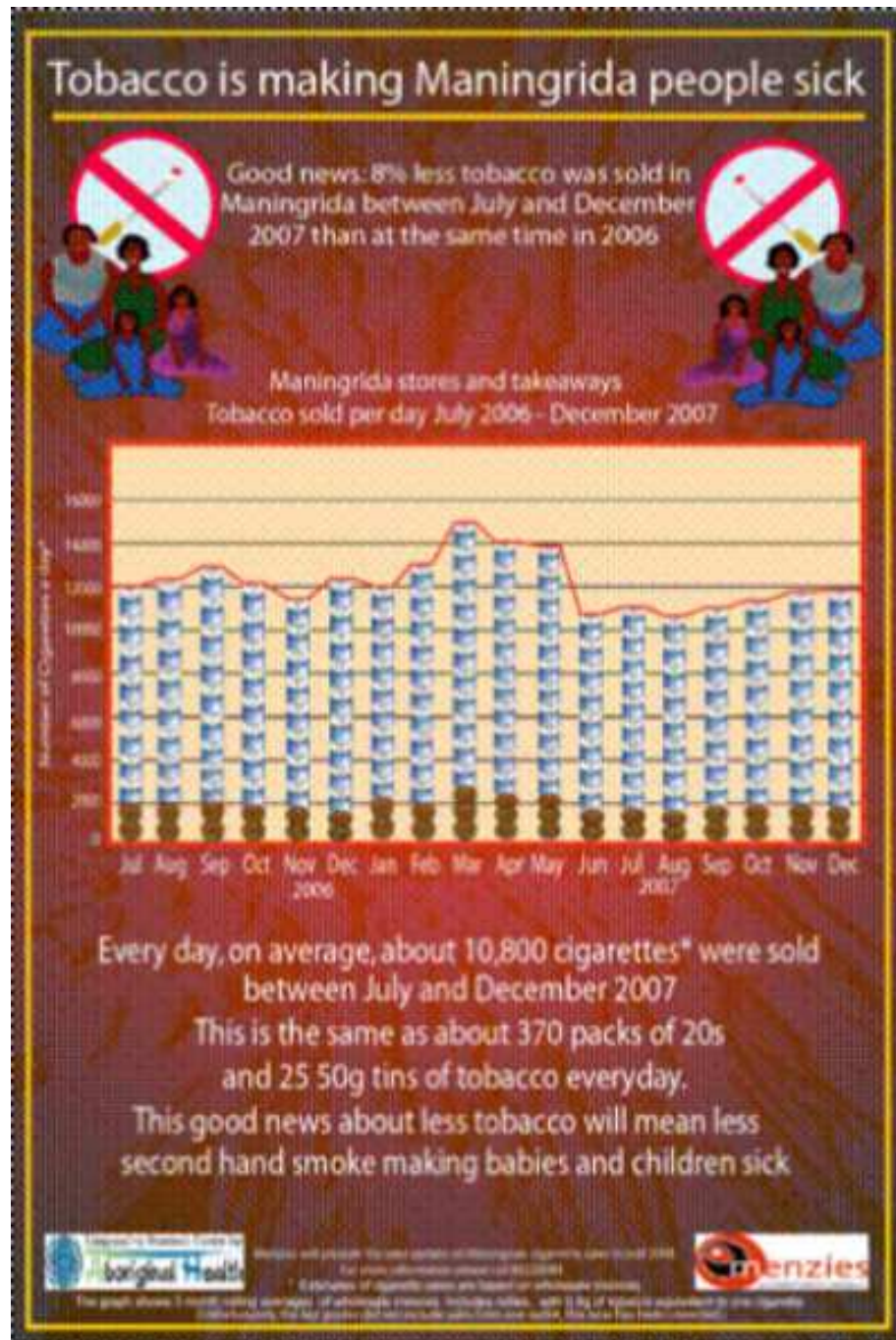
Competition is a powerful force in retailing to improve performance all around and make a wider range of products available at competitive prices.

The Good Health Store (incorporating a pharmacy) could become a major influence in larger towns in remote Aboriginal Australia. They will be the place where it all comes together:



The market place at the present time is a minefield with ill health being sold without any controls or encouragement for behaviour change.

The following is an indictment of a health system which appears to be powerless to stop the spread of ill health



If the people of Maningrida were to halve their cigarette smoking there would an extra \$40,000 a fortnight to spend on good health initiatives.

With tobacco products only available from the Good Health Store, and sold from that section devoted to bad health products, it may be possible to get the message across that these products are leading people to an early grave!

11. CONCLUSION

There is an urgent need in remote Aboriginal Australia to initiate action that will combat the powerful forces at present contributing to ill health.

- a) Obtain funds to retain the services of a Product Manger to describe all elements of the program
- b) Establish a Darwin based steering group to work with the Product Manger in the specific construct and content of the program.
- c) Establish at Galiwin'ku AND Nguiu a steering group to detail the elements needed "on the ground" to support the marketing program and ensure its cultural suitability.
- d) Obtain the support of a recognised advertising agency to prepare the creative approach.
- e) Implement the program as a test of the concepts that may then have wider appeal.

There is research which should alert us the perils of television advertising on minority groups with low education levels and living in poverty. The health system must be aware of this and take note of the consequences.

Quotes such as:

"Indigenous peoples think and interpret the world and its realities in differing ways to non-indigenous peoples because of their experiences, histories, cultures and values"(1)²

The Taskforce is asked to take note of this proposal and make recommendations that will lead to a more concerted effort in encouraging behaviour change among remote living Aboriginals.

It is time for health promotion to enter a new phase and meet "fire with fire". No longer is it a case of little dollars being used to fight "big brother".

RWM Consultancy has been promoting the concept described in this submission and began this with a presentation to a conference in Newcastle (NSW) in April 2006. The subject of the conference was disease mongering. The presentation challenged the pharmaceutical industry as follows:

DANGER

This is un-chartered territory

Health promotion barely scratches the surface

Big bucks are needed for top class creative approach

Hardly likely to come from a government source

Do you know a funder?

Just do it

Want to join the marketing team?

If Big Pharma is so good at selling ill health to well people – how about selling good health to sick people?

Good Health
Or name similar to convey the meaning

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20th January 2009

¹ Rigney, Lester-Irabinna, (1997) Internationalization of an Indigenous Ant-Colonial Cultural Critique of Research methodologies: A Guide to Indigenous Research Methodology and its Principles, paper delivered at the HERDSA Annual International Conference July 1997 Adelaide.