

Integrated health promotion – Factoring in gender and diversity

Primary Care Partnerships and organisations funded for integrated health promotion (IHP) across Victoria are currently developing their Integrated Health Promotion Plans for 2009-2012. This document aims to assist organisations and consortia to incorporate gender and diversity analysis into their planning work.

More information about the planning requirements for integrated health promotion can be found at http://www.health.vic.gov.au/communityhealth/downloads/primary_funded_org_req.pdf

The Gender and Diversity Lens for Health and Human Services

DHS has recently produced the *Gender and Diversity Lens for Health and Human Services* (the lens), to support systematic consideration of gender and diversity, in order to ensure effective responses to health and wellbeing issues over time.

The lens includes five basic stages, while recognising that in the real world, these stages are not mutually exclusive, and may occur in a different order or overlap.



The lens can be downloaded from: <http://www.health.vic.gov.au/vwhp/publications/genderdiversity.htm>

The connection with Integrated Health Promotion planning

In Victoria, the term 'integrated health promotion' refers to 'agencies in a catchment working in a collaborative manner using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues' (IHP Resource Kit p3). Integrated health promotion involves agencies and organisations from a range of sectors working in collaboration with local communities and

using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues. This collaborative approach reduces duplication and fragmentation of health promotion effort and investment.

The following health promotion priorities approved by the Minister for Health have been established for Victoria for 2007–12:

- promoting physical activity and active communities
- promoting accessible and nutritious food
- promoting mental health and wellbeing
- reducing tobacco-related harm
- reducing and minimising harm from alcohol and other drugs
- safe environments to prevent unintentional injury
- sexual and reproductive health.

A gender and diversity lens can be applied to each of these priority areas and assist organisations and consortia meet the particular needs and circumstances of women and men and deliver better health and wellbeing outcomes for all Victorians.

The DHS IHP Resource Kit describes a basic program management framework for integrated health promotion, including planning elements as well categories of health promotion interventions. The gender and diversity lens is relevant for both **planning** and **implementation** activities.

For further information see: <http://www.health.vic.gov.au/pcps/hp/> or http://www.health.vic.gov.au/communityhealth/health_promotion.htm

Planning for Integrated Health Promotion

The steps outlined in the Resource Kit are very similar to the planning stages of the Gender and Diversity Lens, and the lens provides a series of prompts to consider. While more detail is available in the lens, the table below summarises prompts to consider throughout a planning cycle.

There are a number of agencies that can facilitate the integrated planning process, for instance women’s health services, can assist in capacity building through PCP activities and support partner agencies to plan with a gender and diversity lens. Women’s health services also regularly hold seminars about health issues, publish research and provide information about women health and wellbeing. There are also specialist population organisations or group specific services which can assist with sourcing evidence and planning.

Integrated health promotion resource kit	Gender and diversity lens	Gender and diversity - prompts to consider
Vision setting, priority setting and problem definition	Gathering evidence and knowledge, defining goals and objectives	Are there biases and assumptions about the issue and how gender affects the issue? Use of data disaggregated by sex and other categories Compare local demographics with program or service user profiles Is there a shared understanding of the issues and the ‘problem’ for men and for women? Form an advisory group – with gender specific organisations and community representatives

Solution generation	Research and consultation	<p>Are under represented groups involved in the research? Actively sought for consultation?</p> <p>How will men and women from diverse backgrounds be meaningfully consulted? Are there particular cultural protocols to consider?</p>
Capacity building - support and resourcing for quality program delivery	Policy, program and service design and delivery	<p>What options does the research and consultation point to? How do the options impact on men and women?</p> <p>Have you considered factors such as childcare, the need for respite, operating hours?</p> <p>For communication, use language, symbols and images that include diverse men and women, such as people with disabilities, gay men and lesbians.</p>
Planning for evaluation and dissemination	Continuous improvement	<p>Did the response impact on real needs?</p> <p>Were there unintended outcomes or impacted?</p> <p>Ensure those undertaking formal evaluation can undertake gender analysis</p> <p>Document and share findings.</p>

Implementation of Integrated Health Promotion

The resource kit includes five categories of health promotion interventions – the gender and diversity lens can be used to help identify particular gender and diversity considerations. The following provides a quick summary of some considerations that may be relevant across the categories.

Screening, individual risk factor assessment and immunisation

Considerations:

- The settings for interventions can have a significant impact on just who is reached by the intervention. For example, screening and individual risk factor assessment will reach varying populations across places of employment, community centres, childcare centres/schools, sporting events and libraries. Considering different settings, as well as different times, can be important for example to ensure that people in the paid and unpaid workforce are targeted.
- Communication matters! Consider using an ethnic newspaper or radio station to promote screening, individual risk assessment activities or immunisation to particular culturally and linguistically diverse communities.

Social marketing and health information

Considerations:

- While social marketing often uses mass media, at times target audiences require more focused attention. Simple considerations may include ensuring that printed and web-based material is available in languages other than English.

- At the same time, people with lower levels of literacy will need specific strategies which rely less on the printed word.
- The role of community organisations can be important in terms of ensuring greater reach of a campaign, as well as helpful advice on how promotional strategies may be perceived by particular groups.
- Social marketing and health information which is available in community languages and culturally sensitive can also assist in getting health messages across to culturally and linguistically diverse communities.

Health education and skill development

Considerations:

- Partnerships between service providers, such as local GPs, mental health workers, drug and alcohol workers and women's health services, can be helpful to ensure consistent messages are provided across different services. Primary Care Partnerships can play an important role here.
- Health education sessions can be delivered face to face or in languages other than English to target communities with lower English literacy.
- Skill development is also important for the health and community services workforce. For example, training for GPs and others could focus on communicating with men to overcome their reluctance to seek help and disclose emotional problems or use mental health services. A seminar about the Gender and Diversity Lens could be conducted in conjunction with a local women's health service to promote gender and diversity sensitivity in service planning across the catchment. A GLBTI sensitivity training program (that includes issues of disclosure, safety, the expression of gender across cultures and settings) could be held for local agencies, to improve the way they work with GLBTI communities.

Community action (for social and environmental change)

Considerations

- The timing of meetings will have an impact on who can participate. For example, for committee meetings, you may need to rotate meeting times to ensure that workers can attend, and to consider family friendly times (not early in the morning or late at night) to encourage the participation of community members with children.
- A lack of reliable child care can be a barrier – the provision of childcare can assist people with children to participate in community action activities.
- Community action can have significant benefits. For example, volunteering programs can play important roles in providing opportunities to foster pathways to paid employment.

Settings and supportive environments

Considerations

- Different settings will have different utility for various population groups. For example, school settings can be effective for reaching families (and particularly mothers), while some workplaces and sporting venues will be more effective to reach men.
- Community feedback is important to ensure that the proposed settings are suitable for planned interventions, and to help identify any groups that may be unintentionally excluded from an activity due to the use of a particular setting.
- Ensure that your service is supportive to GLBTI clients by making information management systems, such as intake forms and computer-based data collection inclusive and open.
- Anti-discrimination, social inclusion, consent and privacy policies assist with creating supportive environment for clients and staff and comply with the Victorian Charter of Human Rights and Responsibilities.

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