



*A new approach to addressing
chronic disease risk factors*

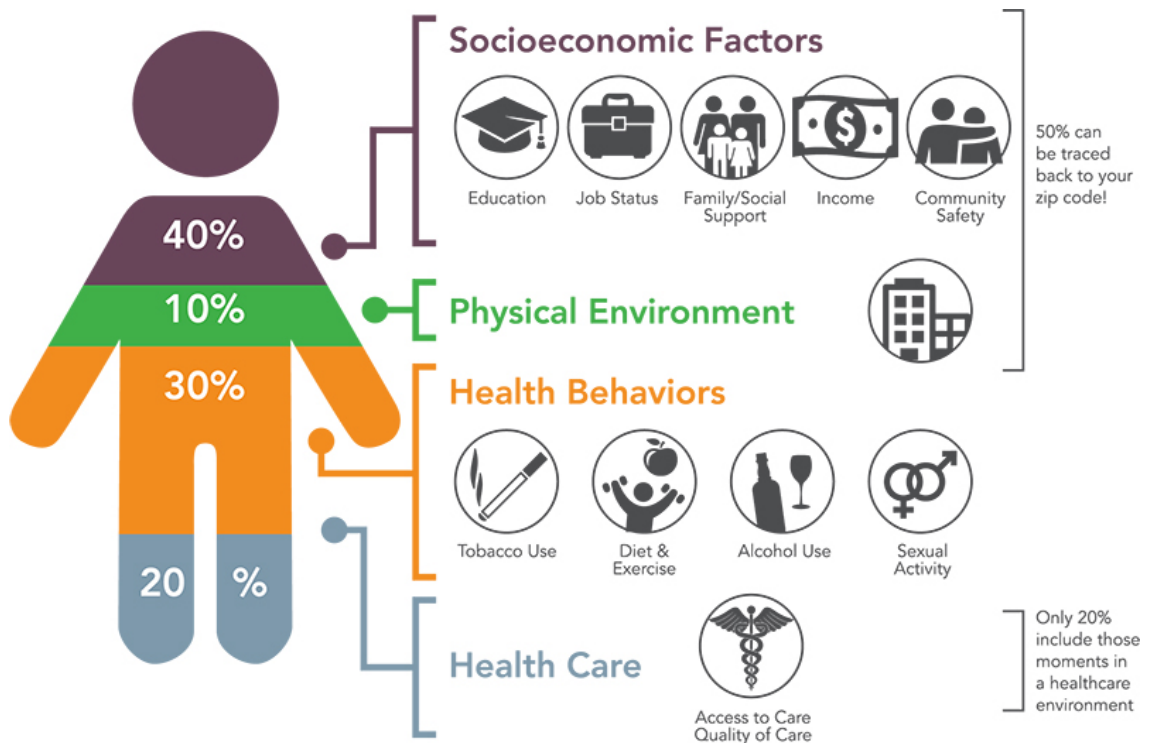
Progress Report - October 2019



The Rising Tide Of Chronic Disease

In Australia, 12 million people have chronic conditions like heart disease, stroke, cancer, diabetes, asthma and mental illness. Many have more than one. They are long-term conditions that have a huge impact on people’s lives, our health system and the economy. They are often described as ‘lifestyle diseases’ that are preventable through healthy living.

However, this oversimplified view fails to acknowledge that much of the cause of chronic disease is linked to environmental, economic and social factors, and strongly influenced by social disadvantage: 85% of early deaths from chronic diseases occur in disadvantaged communities.



Research shows that lifestyle factors make up only 30%, while socio-economic factors like income, housing, our language skills create 40% of our health¹. Healthcare only contributes 10% towards our health outcomes, but money continues to be directed to healthcare and medical research, because social disadvantage is much harder to change and to measure.

A New Approach to Community Wellbeing



In public health, we tend to focus on the specific diseases a person has and treat these as separate conditions, but the lived experience of most people with chronic disease is more complex than this. Many people have multiple conditions that intersect with other areas of their lives such as social issues, economic constraints, culture, family demands and access to suitable healthcare. These factors influence the development of chronic diseases, their effective management and the impact that chronic disease has on a person's life.

Turning the tide on chronic disease will require complex prevention strategies that take a whole-of-community health and wellbeing approach. These strategies require long-term funding, and many organisations working together in genuine collaboration.

Culture Well is piloting this place-based approach to addressing chronic disease through community health and wellbeing. Systems mapping is being used to understand the unique social determinants of health relevant in three Brisbane communities: Arabic, Vietnamese, Samoan.

Achievements to Date



2. Bespoke program design, methodology and measurement framework



3. Selection, training and employment of community reps to undertake first-hand research



4. Deep-dive focus groups with community members



1. Aligned a collaborative team around a shared vision for change



5. First round of exploring the data and insights with the service provider community and other local researchers

Focus Group Research Methods:

Systems Effects

- Individual systems maps allow for a complex understanding of how different factors in a person's life interact
- Individual maps are combined to show trends in a particular community: strong causal factors, recurring feedback loops and themes
- Useful in understanding which social determinants of health are driving poor health outcomes in target community

Wellbeing Wheel

- Collectively, a group identifies what makes up health and wellbeing in their particular community
- Answers the question: What is important for your community in health and wellbeing?
- Creates a way to measure personal wellbeing in eight different 'spokes' of the wheel



Initial Research Highlights



Samoan Community

DEMOGRAPHICS

- 54% of group 30-44 years
- 80% female; 20% male
- 33% Cardiovascular disease
- 44% Asthma
- 37% Diabetes

KEY LEVERAGE POINTS:

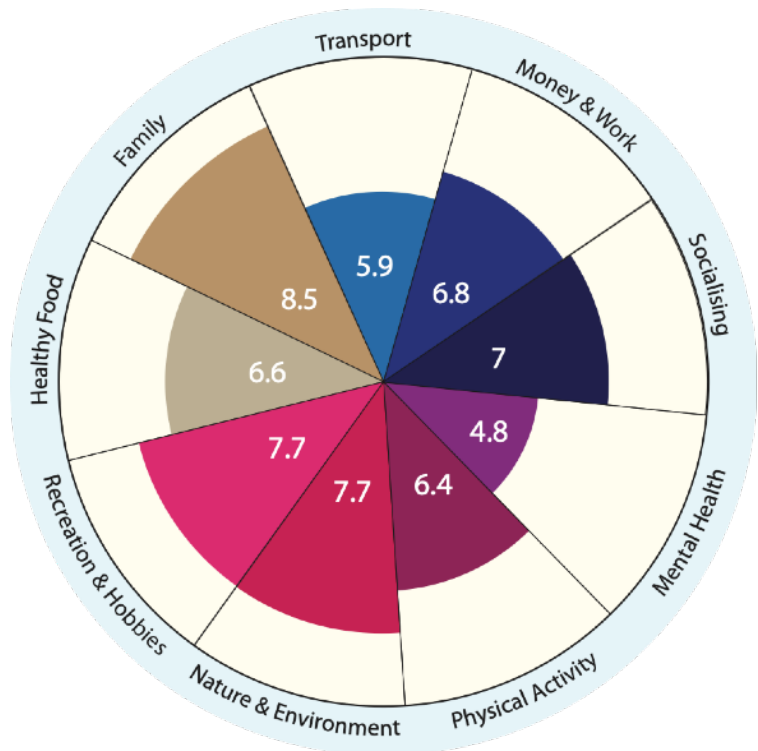
- Self-esteem and obesity
- Sleep
- Motivation
- Healthy choices

Systems Effects Insights:

The systems maps for the Samoan community showed that obesity is a major concern, and is being caused by unhealthy food and health choices. However, unhealthy choices are largely driven by shame and poor self-esteem. Fatigue and lack of health knowledge also both appeared as important drivers of poor health choices.

Breaking the loop between chronic disease, fatigue, low motivation, poor health choices and obesity is crucial for this community. Any healthy lifestyle program for the Samoan community needs to take shame and poor self-esteem into account to enable active participation.

Wellbeing Wheel Results:



Reading the Wheel:

The different spokes represent the most important areas of life that contribute to health and wellbeing for this community. The numbers represent how well this area of life is being fulfilled for the group (10 is the highest).



Initial Research Highlights



Vietnamese Community

DEMOGRAPHICS

- 50% of group 60-74 years
- 60% female; 40% male
- 45% Cardiovascular disease
- 42% Asthma
- 54% Diabetes

KEY LEVERAGE POINTS:

- Loneliness
- Physical discomfort
- Sleep
- Social events

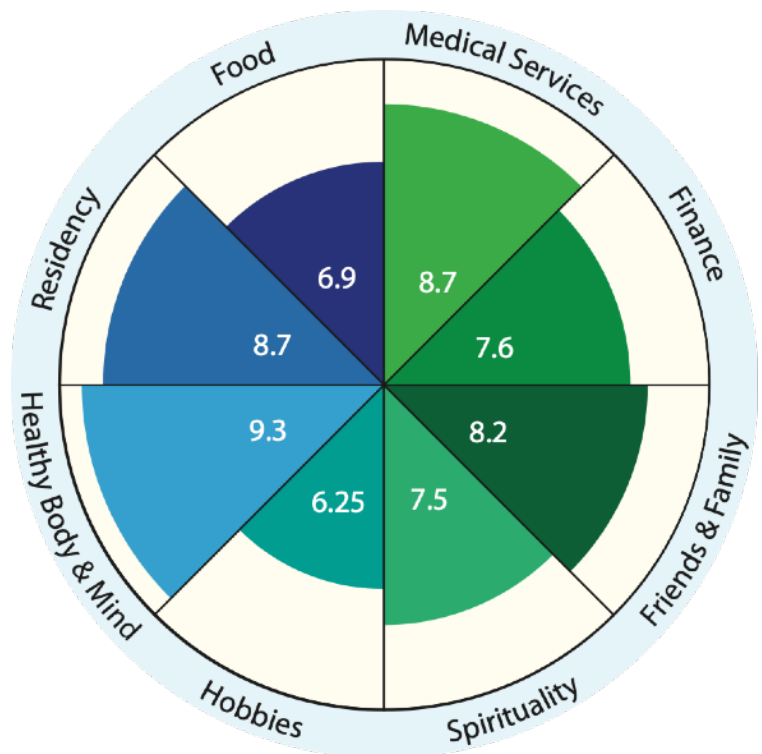
Systems Effects Insights:

The systems maps for the Vietnamese community showed that isolation and loneliness are key drivers of poor wellbeing in this group, partly due to the age of participants. Fun and recreation emerged as vital elements of any health program for this community as a way to address the isolation; however any social or religious events must be both affordable and provide transport to attend.

Lack of sleep and the resulting fatigue were significant, challenging impacts of chronic disease, and require better management.

Other significant barriers to health and wellbeing were financial struggles, lack of independence, stress and boredom.

Wellbeing Wheel Results:



Reading the Wheel:

The different spokes represent the most important areas of life that contribute to health and wellbeing for this community. The numbers represent how well this area of life is being fulfilled for the group (10 is the highest).



Initial Research Highlights



Arabic-speaking Community

DEMOGRAPHICS

- 25% of group 30-44 years
- 41% of group 45-59 years
- 30% of group 60-74 years
- 50% female; 50% male
- 66% Cardiovascular disease
- 30% Asthma
- 58% Diabetes

KEY LEVERAGE POINTS:

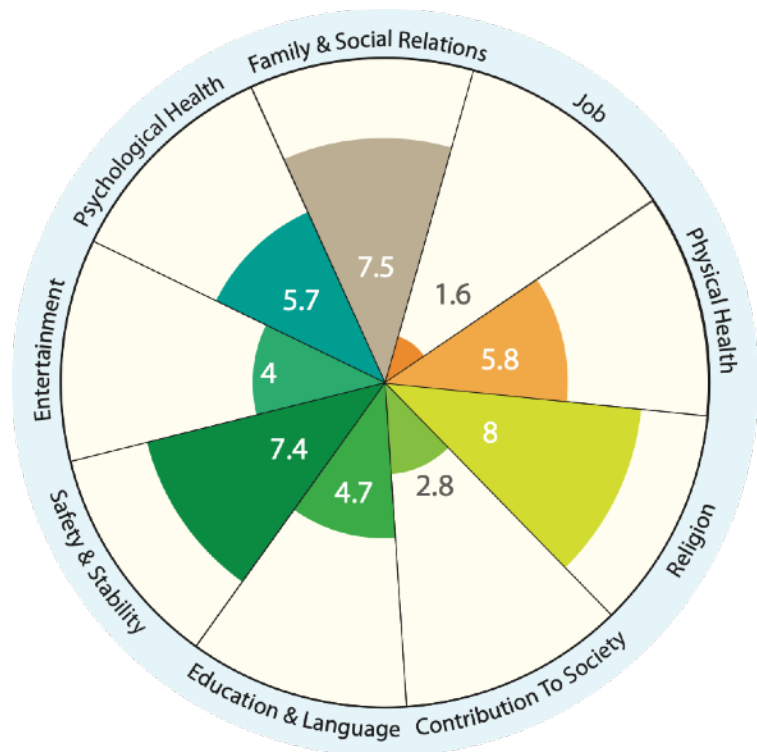
- Mental Health
- Jobs
- Societal integration

Systems Effects Insights:

For the Arabic-speaking community, mental health issues were in the centre of the maps, with a diversity of causative factors related to the experience of adjusting to a new culture and arriving in Australia as a refugee. However, not having a job and a lack of integration with mainstream Australia were recurring themes. Poor English skills was a significant barrier to both employment and societal integration.

Supporting Arabic-speaking community members to develop English skills, enter the job market and connect with the broader community are key activities to improve mental health and support effective management of chronic disease. Increased recognition of overseas qualifications would be very supportive for the wellbeing of this community.

Wellbeing Wheel Results:



Reading the Wheel:

The different spokes represent the most important areas of life that contribute to health and wellbeing for this community. The numbers represent how well this area of life is being fulfilled for the group (10 is the highest).

“Much of the work of health promotion and prevention activities is built on the assumption that disease diagnoses are the key determining factors. However our research with the Culture Well project really showed me that a person’s **cultural identity** is a stronger determinant of the barriers and enablers of health and wellbeing than **what disease they have.**”

- *Dr Luke Craven,
Developer of Systems Effects methodology*

To join the Culture Well Collaboration, contact us at
culturewell@onehealthorganisation.org.

asthma.org.au/culture-well/