NCDs Health Education and Health Literacy

World Health Organisation Presentation

Professor Debra Anderson
Director of the Women’s Wellness Research Group
Menzies Health Institute Queensland
Griffith University, Queensland, Australia
Health Education Programs which incorporate health literacy principles

Developed with cultural groups including content, images and language used

- eg: Pacific Islander Womens Wellness with Diabetes;
- Womens Wellness after Cancer (rural women);
- Indigenous womens wellness program

- Gendered
- Multi modal
- Multi dimensional targeting all health behaviours
- Able to be delivered from a variety of sources including health professionals, health workers and peer support
- E-health enabled but flexible i.e internet, phone, virtual delivery of consultations
What may be happening? Case Study Obesity...

• “The problem is not simply a function of wealth or income”

• Deeply rooted in entrenched attitudes, societal institutions, market forces, political values and ideas

• Changes in food environment and food systems are the major drivers

• Increased availability, accessibility and affordability of energy-dense foods, along with marketing of such foods = increased energy intake and weight gain among different populations

• The reduced opportunities for physical activity that urbanisation and other changes in the built environment have also been considered potential drivers, however these changes generally proceeded the global increase in obesity and are less likely to be major contributors

• Ref: Gregg, Edward, W. Shaw, Jonathan G... (2017) Global Health Effects of Overweight and Obesity. New England Journal of Medicine, 0:0.)
Evidenced Based Solutions vs false ad misleading information

• There is a need to engage women and girls in the design and implementation as health actors and decision makers (not just recipients)

• Women are very vulnerable in this space along with BMI, obesity, comes body image, marketing machines, and false information which is readily accessible virtually.

• **Women need to be empowered with evidenced based information** and ways to incorporate health behaviours targeting obesity into their everyday lives.