

The development of a model predicting attention to health information: Why perceived control is crucial

Presenter: Frances Quirk, James Cook University, QLD

Co-Authors: R Pedruzzi and A Swinbourne

The aim of this research was to examine the variables that affect attention to health information in order to develop a predictive model. Community participants (N = 330) were randomly assigned to one of two conditions that presented information about the risk of developing coronary heart disease (CHD) or the risk of being involved in a car crash. Information was both risk and neutral in valency, counterbalanced to control for order effects. Attention to information was measured using a surprise recall task. Other variables were measured including perceived risk, optimism, control and coping strategies. Overall, participants in the CHD condition remembered significantly more risk information than participants in the road condition. Participants in the road condition endorsed significantly lower beliefs in personal control perceptions while also endorsing greater beliefs in other's control over their own road outcomes. In addition, relationships between the remaining predictors and the dependant variable may actually be curvilinear in nature and explained using perceived control. Results suggest that while perceived control is usually emphasised as integral in adopting protective behaviours they are also central to the communication of health information. These findings will be discussed in light of current theories of best practice health promotion and intervention.

The ethical commitments of health promotion practitioners: An empirical study from NSW

Presenter: Stacy Carter, The University of Sydney, NSW

Co-Authors: C Klinner, I Kerridge, L Rychetnik, V Li and D Fry

'Complex systems thinking' suggests new approaches to population health practice, and thus may raise new ethical challenges. In this presentation, we will argue that the existing ethical commitments of health promotion practitioners are well-suited to working in a complexity framework. Since 2010, we have been engaged with health promotion practitioners in NSW in an empirical study about health promotion practices and values. Data collection involved long interviews with practitioners, observation of health promotion work, and collection of documents. We were particularly interested in the ethical commitments of practitioners, and how these played out in practice. One key concern in ethics is the idea of the good. Through analysis of these data, we concluded that health promotion practitioners were unified by a particular conception of the good. This good had substantive dimensions – that is, it was partly about what health promotion practitioners were doing and why – and procedural dimensions – that is, it was partly about how health promotion was done. Substantively, good health promotion focused on health, which was understood holistically and situated in places and environments. Good health promotion also engaged in primary rather than secondary prevention and focused on communities rather than individuals. Procedurally, good health promotion developed over time in respectful relationships, was flexible and responsive to communities, built capabilities in communities, and was sustainable. We will argue that both the substantive and the procedural elements of the good in these accounts are compatible with the challenge of working in complex systems.
