

Review of the Indigenous Broadcasting Program

PROMOTE GOOD HEALTH (AND HAPPINESS) THROUGH THE MEDIUM OF RADIO AND BROADCASTING **- A new role for the Indigenous Broadcasting Program**

SUBMISSION AND AUTHOR

This submission will examine the promotion of *Good Health* to Aboriginal¹ Australians living in remote places. The submission is written from the standpoint of a public relations/marketing executive and pharmacist who has had experience in remote Aboriginal communities through both the health and social development sectors. A full background on the author and his work can be found at www.rollomanning.com

EXECUTIVE SUMMARY

A review of the objectives of Indigenous broadcasting services needs to have on its agenda the positive contribution the media can make towards improving Aboriginal health and alleviating the stresses that arise in remote communities as a part of boredom, drunkenness, lack of direction and motivation and child abuse.

The media is powerful to change behavior – ask the multi national advertisers like beer makers, cigarette marketers, fast food chains and soft drink manufacturers.

Until the media is used to the same extent to promote a product called *Good Health* little will change. The underlying cause of disadvantage is lack of basic education to evaluate risks of adventurous behavior – behavior like drinking grog, smoking cigarettes, eating fast food and drinking high sugar content soft drinks. The NT is the highest consuming area per capita in the world for the products of Amatil P/L. (Source Amatil website).

Any proposal to review the purpose of Indigenous broadcasting must take account of the positive contribution it can make towards a National crisis.

RECOMMENDATION

This submission recommends that a working party be set up to drive a campaign to promote *Good Health* to remote living Aboriginal people utilizing expert creative strategy and Indigenous Broadcasting Program radio and television.

The role of a working party will be to think through the issues and a plan to move ahead with the help of money made available to test the concept. This needs the support of the Department of Communications, Office of Indigenous Policy Co-ordination, Health Department, NT Health and Children's Services towards a Shared Responsibility Agreement with a pilot region such as the Katherine Region of the NT.

Imparja Television should also be asked to support the concept.

The private and philanthropic sectors should be asked to contribute to the creative strategy as no government will be able to fund the amount that is needed to do it well. If not done well it may as well not be done at all as the dominant advertisers will win the day.

¹ Aboriginal in this submission refers to Aboriginal and Torres Strait Islander people collectively known as Indigenous persons.

AIM OF SUBMISSION

To describe a "product" to be promoted through the medium of radio and television called "Good health" (or similar) with the **primary objective** of bringing the life expectancy in years of the Aboriginal people to a level equal to, or better than, their European compatriots living in "mainstream" Australia.

Its **secondary objective** is to introduce to the Aboriginal people living in remote communities the notion that there are many ways they can behave socially which is fun and does not necessarily involve conflict with others in the community exacerbated as family violence often fuelled with substance abuse.

This submission puts forward a strategy which would be used to develop a communication program to promote the product *Good Health* and destroy the features which have been promoted by the marketers of the primary opposition products, collectively referred to as "Ill Health".

BACKGROUND

The Australian Aborigine was denied the rights of a full citizen of the Nation from the time of European settlement to 1967, when a Referendum of the population voted in favor of them being granted "full citizenship" rights.

The result was welcomed by activists who had been advocating a "better deal" for the Nations indigenous people who had a traditional culture dating back some 40,000 years in the land.

The product *Good Health* is to turn around the downward spiral of deteriorating health among the Aboriginal people of Australia living in remote places.

A marketing campaign utilising the mass media is to assist the target population to adopt the concept of *Good Health*.

Good Health will place them in a position of control over the lifestyle they adopt, in this and future generations.

Successful role models will be presented to the young people for them to understand and want to follow in forging a path for their own life.

The money spent by Aboriginals at the local community store needs to be analysed to understand the magnitude of the success of the mass marketers of ill health causative factors.

To look at the causes of the chronic diseases is to look at a list of the most successfully promoted consumer products in the world over the past 40 years.

In turn there is

- ❖ Diabetes – sugar based soft drinks, fast foods, Alcohol containing products
- ❖ Chronic Airways Obstruction – Tobacco products
- ❖ Blood pressure – Fast Foods, Alcohol containing products
- ❖ Heart disease – Tobacco Products
- ❖ Kidney failure – All of the above

These companies have been successful in mounting lavish campaigns to sell these products, and all within the law. So too does health promotion have to use the same tactics to “unpromote” the marketing expertise of fast food, tobacco, and alcohol product manufacturers.

There needs to be a **Shared Responsibility Agreement** drawn up between the Commonwealth and the State/Territory government to enable one region to test the concept. The Katherine Region is suggested as one where the health services are delivered by autonomous community controlled health boards to all Aboriginal people in the region through Katherine West and Sunrise Health Boards and Wurli Wurlinjang.

THE SUCCESS OF ILL HEALTH

The health of the Australian Aborigine is not good, and it is not improving. There has been little improvement in the health status of these people despite millions of dollars being spent by successive Governments on health services over the past 40 years. In the Northern Territory half the total spending on health is on the management of chronic diseases in the Aboriginal population². These diseases are not ones that are endemic to the culture, but are diseases that have only been able to prosper since the Aborigine adopted the “white man” way of living. Australia’s Aboriginal population is suffering at the hands of mass media marketing techniques.

As a result of the success by multinational corporations, they (the Aborigine) are dying at an earlier age than European decent Australians. The same strategies to marketing health, or *Good Health*, can reverse this. The health system at Government and Non Government level must commit to ensuring this will happen, and pool resources to make it happen. This submission looks at the failure of the “health system” to counter this and will suggest that similar strategies through a marketing communication program is needed to reverse the trend towards the selection of ill health as the preferred lifestyle. This submission provides the basis for a creative approach to promoting *Good Health* to be utilised by the same expertise in creative approach that produces the compelling successful advertising on radio and TV for unhealthy lifestyle choices such as beer, high sugar content soft drinks and fast food.

If the internationally successful sporting goods and clothing companies are able to make people do healthy activities why can’t the promoters of *Good Health*.

The answer is simple. Manufacturers succeed through marketing; the health “system” does not either succeed or use marketing techniques. If it (the health system) claims to use marketing methods it had better change the brief to its Ad agency’ as it is not working.

A remote Aboriginal population needs to be educated on the concept of *Good Health*. A state of *Good Health* is unknown to these populations due to the manner in which their state of health has deteriorated over the past 40 years.

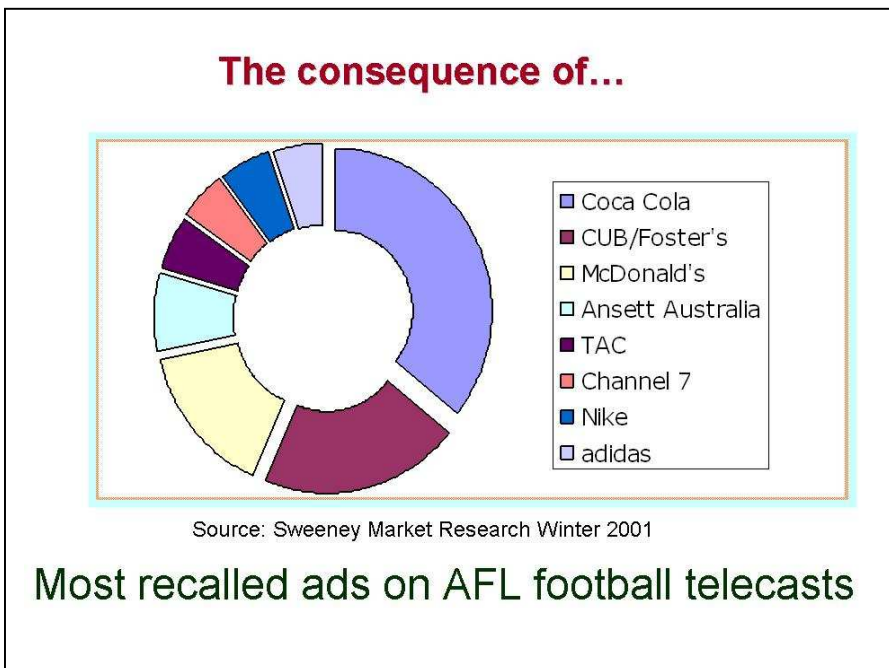
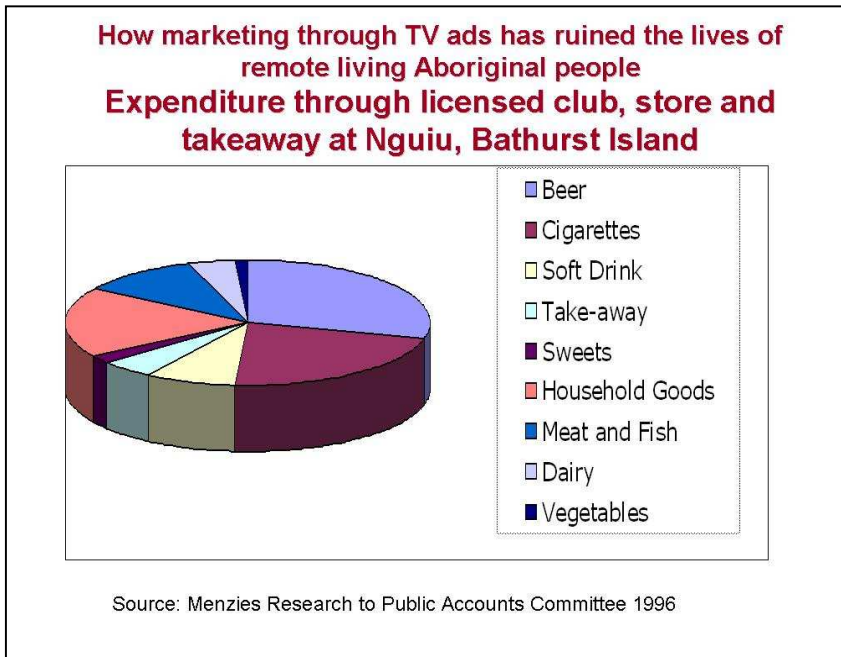
A child today is unable to perceive *Good Health*, due to the poor state of health in the role models in their community. Everyone is in a state of ill health, making the concept of *Good Health* unable to be recognized.

² Minister for Health Stephen Dunham to NT House of Assembly (Hansard) August 1999.

The marketers of factors promoting ill health spend millions of dollars communicating messages to its publics. The ill health industry has succeeded in selling its products to the Aboriginals.

The following chart shows the success of the marketers of the leading proponents for ill health – beer, soft drink and fast foods American style:

Spending at Nguiu, Bathurst Island NT



Reverse action by the *Good Health* industry using the same tactics is necessary to turn ill health into *Good Health*.

THE MESSAGE IS SIMPLE – “Just do it”

The manufacturers and marketers have succeeded in selling the main causative factors for chronic diseases amongst Australia’s Aborigines living in remote places.

The products are tobacco, alcoholic drinks, aerated soft drinks, and fast food.

In fact over 50% of an Aboriginal income is spent on grog and cigarettes.

The answer to this situation is to use the same tactic as the marketers have to counter the physiological and addictive effect their marketing has had on these people. Behavior has to change and until money is made available to create high impact advertising for *Good Health* the commercial marketing of ill-health products will win the day.

It is recognized that marketers deliberately target under privileged people in marketing because they know the low level of education does not give them the ability to evaluate risks of behavior promoted through the electronic media.

At **ATTACHMENT A** is an article from “Time” magazine in August 2005 demonstrating this point.

A presentation on this subject was given to a conference in Newcastle in April 2006 and a copy of that is available on request to RWM Consultancy Darwin or at info@rollomanning.com

WHAT IS *Good Health*?

Good Health is a state of mind and body that allows the carrier to behave throughout life in a manner with which they are comfortable, happy, challenged and at ease with the World.

The symptoms of *Good Health* are numerous and will be readily found in a community whose people are following the principles of self determination and control. The members of the community will be trained to recognize the risks associated with a lifestyle containing activity that may be putting the person’s body in danger of breaking down.

People who live in communities where the traditional culture is to rely on nature for the source of food; exercise with activities such as hunting and fishing; and have a deep spiritual approach to the meaning of life, will find it impossible to understand the risks of activity which places to human body under stress, and be placed in situations that may cause harm.

The advantages of *Good Health* are:

- A body free of infection
- A body with acceptable levels of blood sugar
- Efficient kidney and liver function

- Clear airways with no obstruction
- The ability to participate in strenuous exercise
- Able to have sound uninterrupted sleep
- A desire and ability to obtain food from the food groups in a balanced way
- A person able to cope with stressful situations in a calm and effective manner.

Once having embraced the concept of *Good Health*, the body must maintain it by avoiding factors that may have a reverse effect:

- Food which satisfies hunger but produce toxins to the body
- Drinks that quench a thirst but cause damage to the brain, liver, heart, pancreas and kidney.
- Substances, such as tobacco or "Gunja", that causes damage to the heart, lungs and central nervous system.
- Sedentary lifestyle with no exercise.

Good Health has to be explained to people that have never experienced it. Health professionals assume that ill health is determined as "bad", but to persons in a constant state of ill health it is NORMAL. In managing Aboriginal health it is not possible to assume anything. You must always question the most fundamental of conclusions.

SWOT ANALYSIS

STRENGTHS

The primary strength will be a feeling of well being, previously unknown to Aboriginals in the up to 60 years age group.

WEAKNESSES

The power of advertising of the ill health causative factors will continue. This means a need for as much if not more funds to be spent on the product *Good Health*.

OPPORTUNITY

The modes of communication available in the year 2004 means an effective marketing campaign can be undertaken. Media such as print, television, radio, and billboard can be used in remote communities to spread the message of *Good Health* with a coordinated campaign.

THREATS

Health Professionals will be the main antagonist of the proposed campaign.

"Big business" has not been a field with which the purists among the health industry have wanted to be associated. It is seen as "the opposition", but not an opposition the professionals want to understand.

It is for this reason that health promotions used to counter the power of "things go better with ..." barely raise a ripple on the oceans of life. More research does need to be done in

this area just in case there are elements of health departments advertising that has hit the mark.

This is a situation which needs to be carefully managed by effective public relations strategies.

The training of health professionals, such as doctors and nurses, does not embrace marketing. The vision seen in sales and marketing techniques are not of the type produced by a "clinical" approach to changing consumer behaviour.

ASSUMPTIONS TO BE TESTED

Role models can be established

Media can be watched

Messages can be devised

Behaviour can be changed

FURTHER ACTIONS

A comprehensive **Marketing Strategy** needs to be developed outlining such factors as the Communications objectives; Key Consumer statements; Evaluation; and timeline for development and implementation.

ROLLO MANNING

Principal

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ATTACHMENT A

DOCTOR'S ORDERS

BAD HEALTH FOR SALE: DOES ADVERTISING HIT MINORITIES HARDER?

An analysis by researchers at the University of California at San Diego found that magazines targeted at minorities, such as *Ebony* and *Latina*, had proportionally double the ads for junk food, cigarettes and alcohol and one-fourth as many health-promoting ads as mags like *Good Housekeeping*.

ILLUSTRATION FOR TIME BY GREG CLARKE

