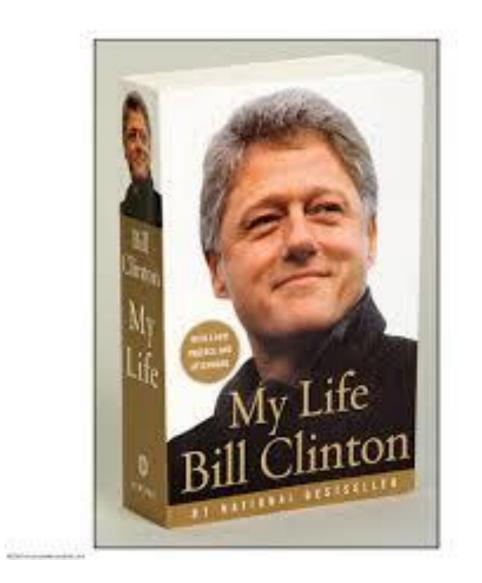
Disrupting inter-generational cycles of place-based disadvantage

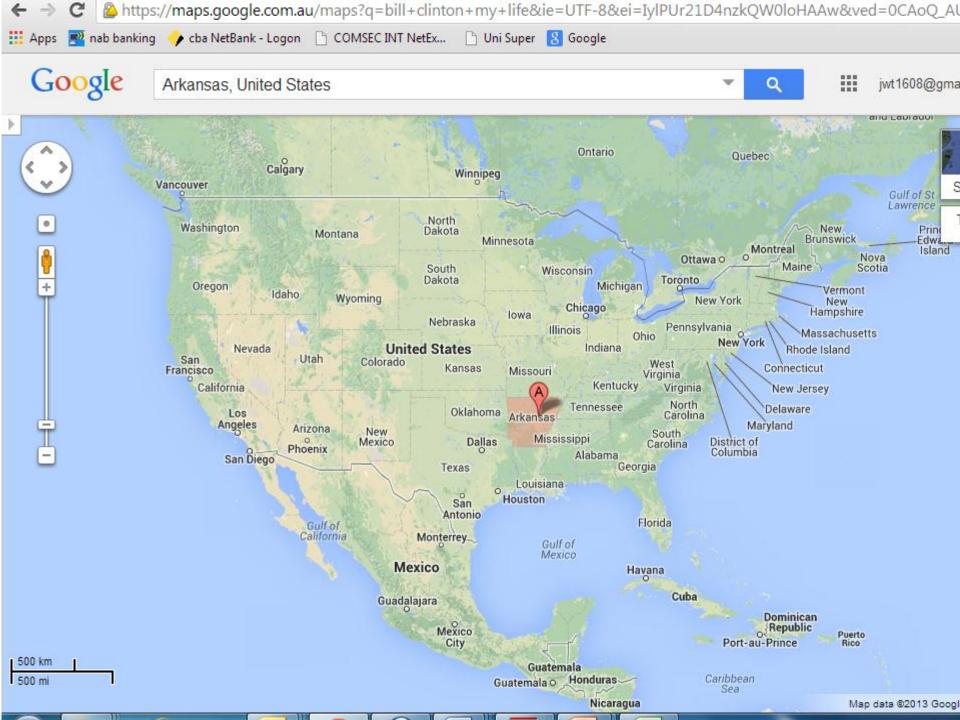
Professor John W Toumbourou, PhD

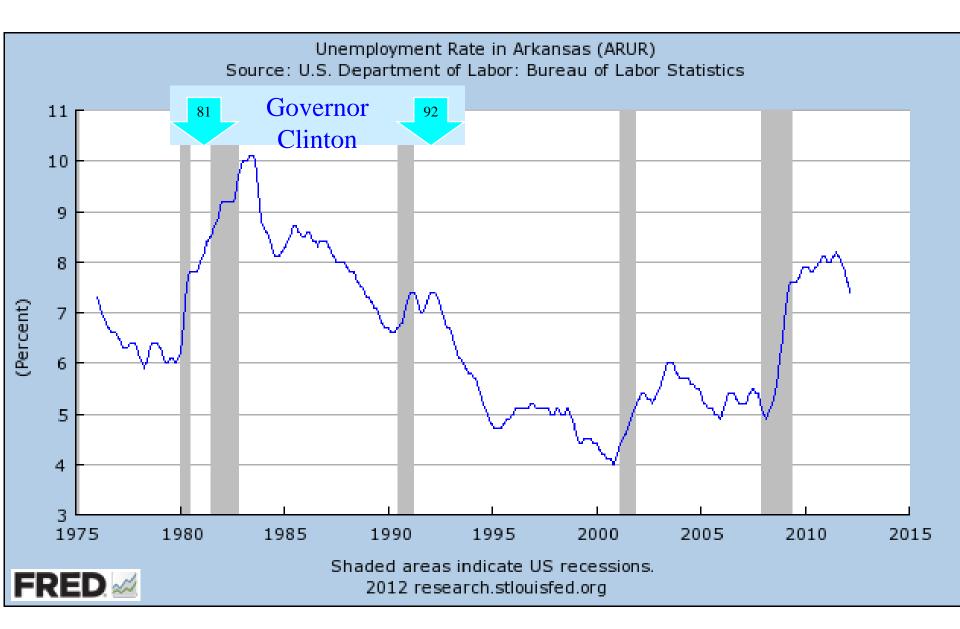
Chair in Health Psychology, School of Psychology Deakin University Australia Senior Research Fellow, Centre for Adolescent Health, Murdoch Children's Research Institute, Royal Children's Hospital, Melbourne Australia



CRICOS Provider Code: 00113E







September 2000 United Nations Millennium Goals

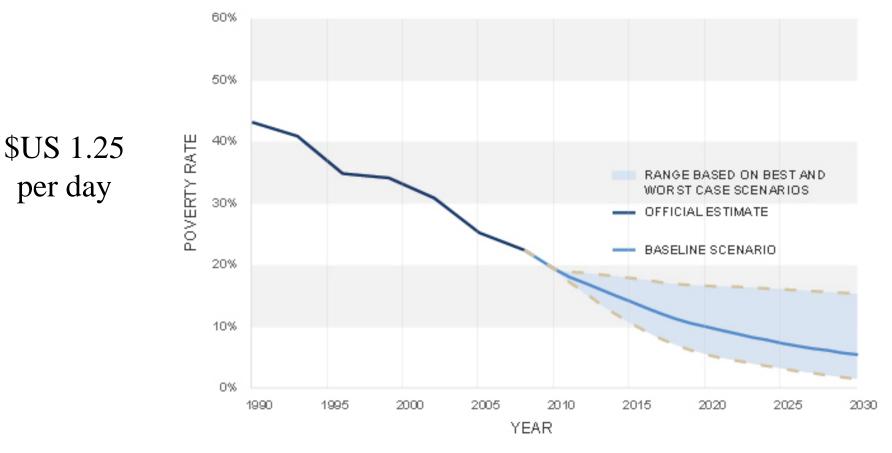
Delivering on the Global Partnership for Achieving the Millennium Development Goals



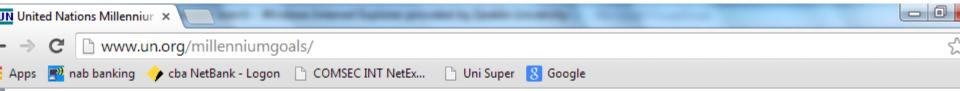
MDG Gap Task Force Report 2008

reduce extreme poverty \$US1 a day

Global poverty trajectory based on alternative scenarios for consumption growth and distribution



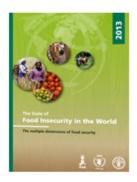
http://filipspagnoli.wordpress.com/stats-on-human-rights/statistics-on-poverty/statistics-on-poverty-and-absolute-income-levels/



The eight Millennium Development Goals (MDGs) – which range from halving extreme poverty rates to halting the spread of HIV/AIDS and providing universal primary education, all by the target date of 2015 – form a blueprint agreed to by all the world's countries and all the world's leading development institutions. They have galvanized unprecedented efforts to meet the needs of the world's poorest. From this site, explore the efforts of the <u>UN and its</u> <u>partners</u> for building a better world. ... <u>more</u>

What's Going On?

MDGs hunger target within reach



The '<u>State of Food Insecurity in the World 2013</u>' notes that developing regions as a whole have registered significant progress towards the <u>MDG 1</u> hunger target.

The number of hungry people in the world is now 842 million, down from 868 million reported a year ago.

Delivering the global education promise



One year after the launch of the Secretary-General's Global Education First Initiative, dignitaries, activists and education leaders celebrated the remarkable progress made towards increasing education access and discussed ways to ensure full delivery of the global education promise.

Speakers included <u>Secretary-General Ban Ki-moon</u>, *World* BankGroup President Jim Yong Kim, Desmond Tutu and Malala Yousafzai.

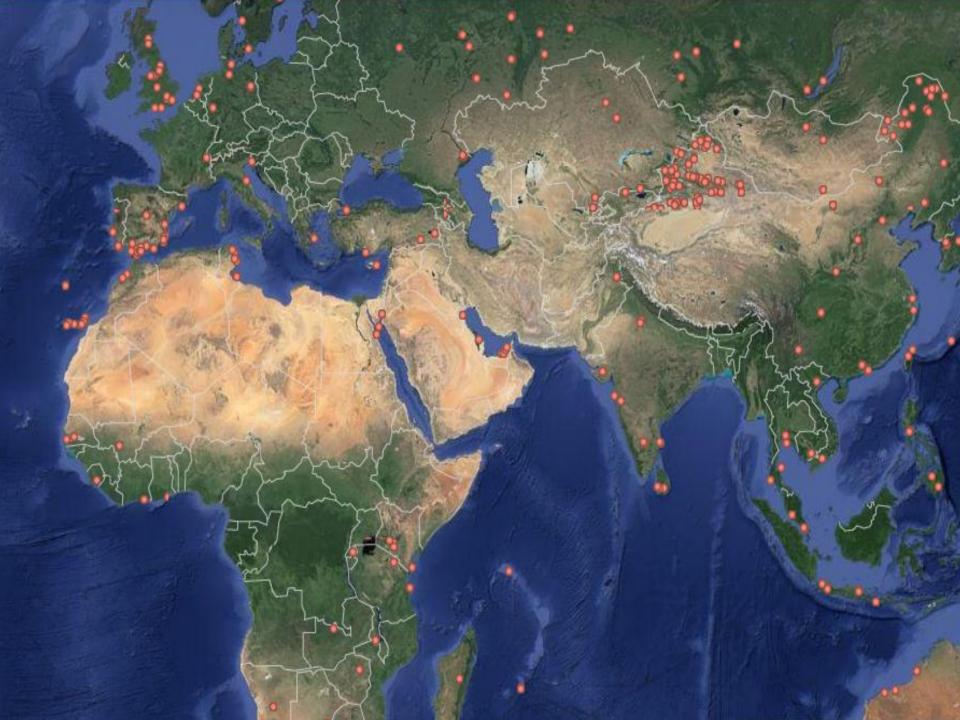
Scaling up action for the Millennium Development Goals



GLOBAL

PARTNERSHIP FOR DEVELOPMENT

ENSURE ENVIRONMENTAL SUSTAINABILITY



What priority does our region place on disrupting place-based disadvantage?

Delphi Study Deakin/DH/DHS Strategic Alliance (Barwon-South Western Region)



DEAKIN UNIVERSITY AUSTRALIA Worldly

CRICOS Provider Code: 00113B

Delphi Study

• Sample

- Response rate 50 of 90 (56%) recruited 2012/13
- Examines
 - Main health and social problems/ priority issues
 - Actions (solutions)
 - Research to support actions to address the issue

•Aim

• Identify themes in different regions/ groups

Delphi Study Five highest priority issues

- Obesity and related chronic disease (50%)
- Mental Health prevent common disorders (40%)

(40%)

(30%)

(30%)

- Health Services gaps and workforce
- Education low secondary and tertiary
- Disadvantage place-based and rural **

** more commonly reported by respondents from Geelong or other G21 areas than respondents in the west (p<0.003)

Disadvantage Research & Action

- Early years work to break generational cycle.
- Cost/ benefit analysis on **health savings** to be made by some investing in the short term
- Gather and share evidence on **use of technology** and other means to help communities improve their access and connectedness
- Assistance to sub-regional networks to develop impact and outcome evaluation
- Research expertise for all stages of project and program development and delivery. Evidence
 based practice is essential to assess programs efficiency and effectiveness.

Can we reduce place-based disadvantage in Australia?

Health Promotion Journal of Australia 2007 : 18 (3)

Mental health promotion and socio-economic disadvantage: lessons from substance abuse, violence and crime prevention and child health

J. W. Toumbourou, S. A. Hemphill, J. Tresidder, C. Humphreys, J. Edwards and D. Murray

Health Promotion Journal of Australia 2007;18:184-90

So what?

Child and adolescent determinants of mental illness can be targeted within low SES communities using strategies that have evidence for successfully reducing child health problems and adolescent violence and crime within low SES communities.

Table 1: Evidence that health and social problems are influenced bysocioeconomic status (SES) and can be prevented through SES interventions.

Health and social problem	Evidence for influence of low SES	Evidence problem can be prevented through SES intervention
Violence and crime	Some influence	Strong efficacy evidence.
Substance abuse	Small influence	Limited efficacy evidence.
Child health, abuse and	Important influence	Effectiveness evidence.
neglect		

Note: The terms efficacy and effectiveness are defined in the method section based on the Society for Prevention Research ¹² definitions.

Communities that Care in Australia

Communities That Care Ltd (www.rch.org.au/ctc)

to improve community prevention service delivery to encourage the healthy development of children and young people



Communities that Care in Australia

Communities That Care Ltd

A partnership between local communities and

the Royal Childrens Hospital (Centre for Adolescent Health, Murdoch Childrens Research Institute), the Rotary Club of Melbourne, Deakin University & the University of Washington



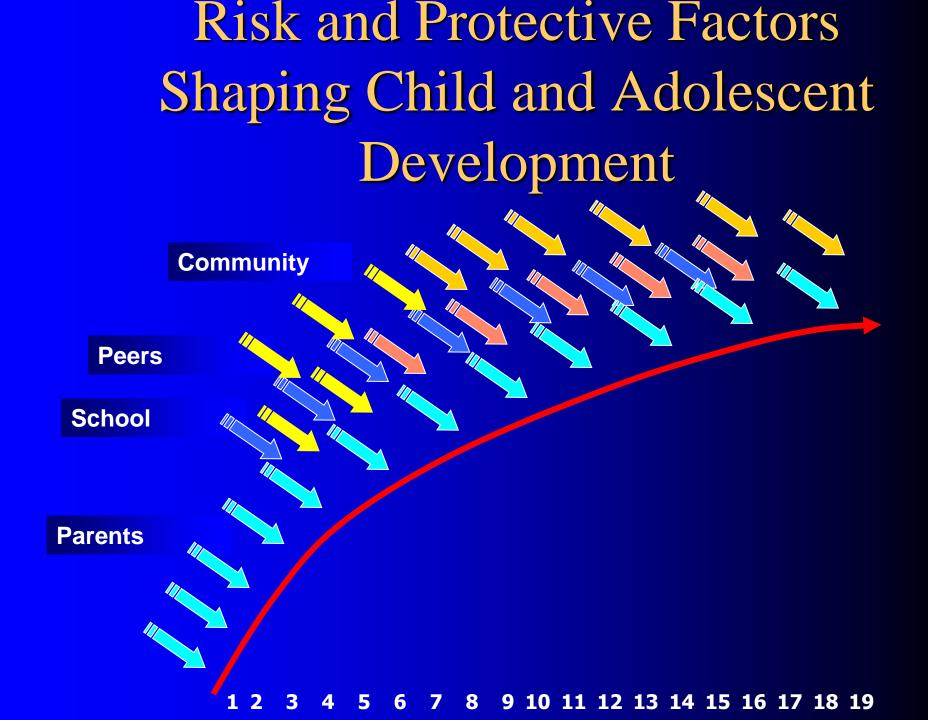






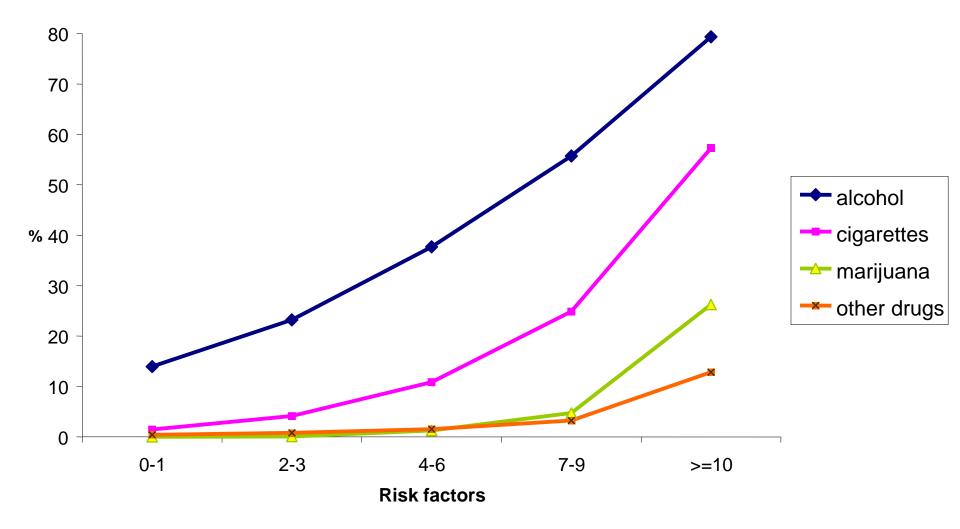


Disrupting inter-generational cycles of disadvantage

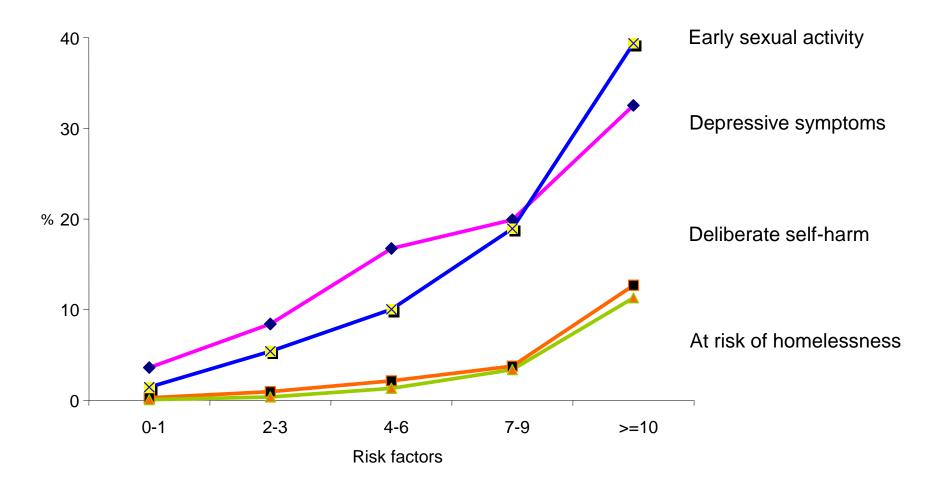




Elevated risk factors for recent substance use



Elevated risk factors for mental health and social problems



Number of Risk Factors and Probability of Meeting Achievement Test Standard (10th Grade Students)



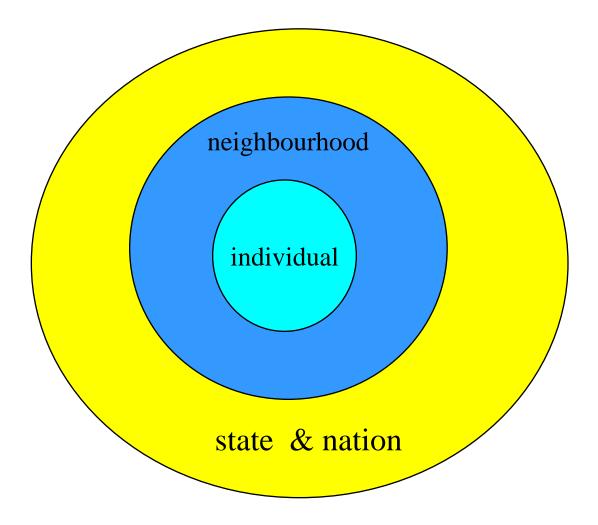
Arthur et al., 2006

— Math — Reading — W riting

Communities vary in child-reports of risk exposure Neighborhood #2 In sufficient number of students in this area. No students in this a rea. Major roads Interstate Neighborhood #1 **Risk Factors** Neighborhood #3 1.005 - 2.949 2.949 - 4.894 4.894 - 6.838 6.838 - 8.782 8.782 - 10.727

John A Pollard, PhD, Developmental Research and Programs

community prevention context



Most of our current investments do not have evidence for beneficial outcomes – many are neutral some are harmful

- Sports clubs
- Ineffective alcohol, drug and health education (beer goggles)
- School suspension/ Expulsion
- Special classes for problem kids
- Peer education
- Boot camps
- Incarceration
- Neighbourhood renewal

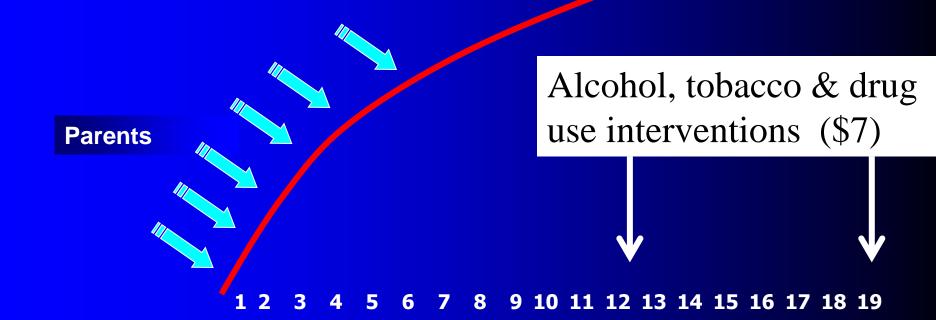
A range of interventions have now been subjected to randomised trials and have economic-benefit estimates

http://www.wsipp.wa.gov

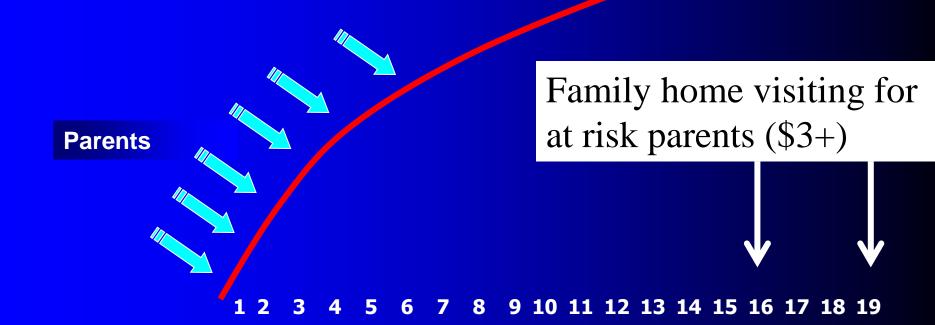
Washington State Institute for Public Policy

Aos et al, 2011

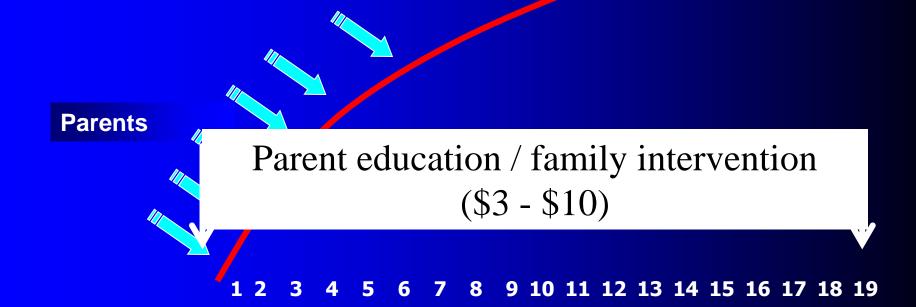
Evidence-based solutions to intergenerational disadvantage (\$ benefit / \$ spent: Aos et al, 2011)

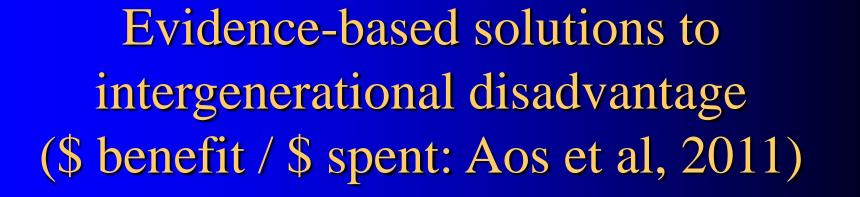


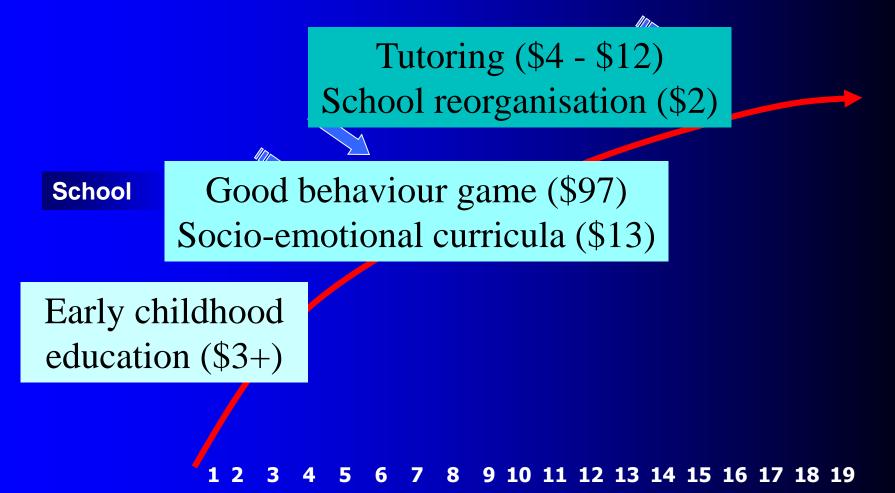
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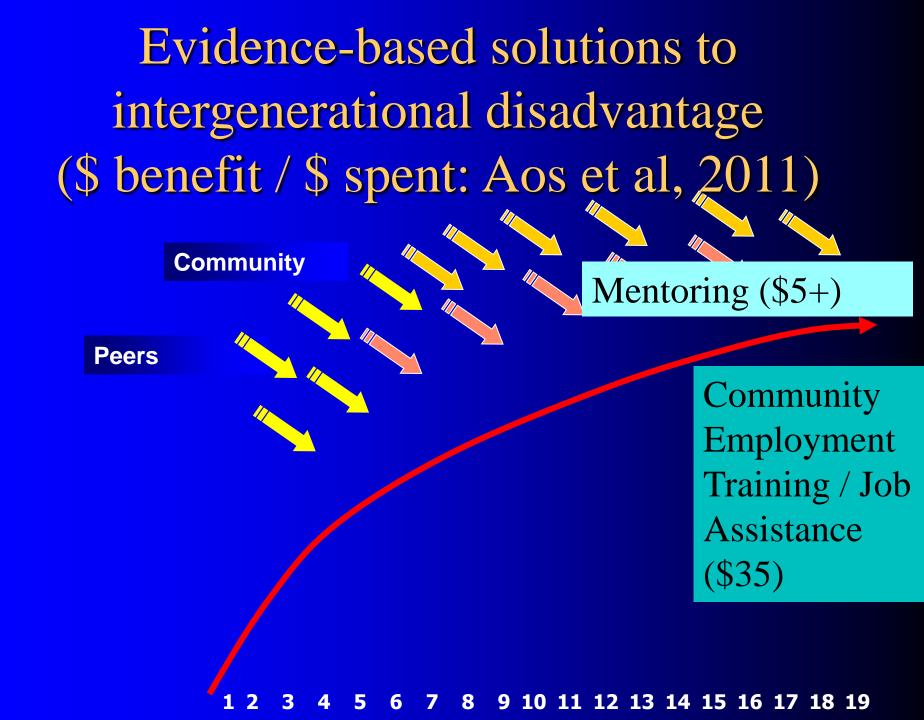


Evidence-based solutions to intergenerational disadvantage (\$ benefit / \$ spent: Aos et al, 2011)









Conclusion

•Addressing place-based disadvantage is a priority for people within the region

- A well coordinated approach linking across the region and local levels would be appropriate
- There is good evidence showing it is costeffective to intervene to reduce intergenerational pathways and increase opportunities

• While many of the currently used approaches have not been evaluated there is evidence for a range of approaches that are not widely used

• Further regional capacity building would be valuable

Possible actions

- A region-wide forum to build bridges
- Use data to define vulnerable geographic areas
- Integrate strategies to reduce intergenerational pathways with other efforts to increase health, employment, income, substance use and mental health assistance

• monitor changes in demographic trends, service implementation, risk and protective factors, education and employment outcomes