

Some lessons in tackling social determinants of health in resource-poor settings: health promotion with young people in Vanuatu

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Word count: 3999 words

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Abstract

Community based health promotion initiatives are recognised as important strategies to address the growing burden of non-communicable diseases in developing countries. However, limited knowledge exists on how such initiatives work in practice. One innovative health promotion program of work, the Pacific Action for Health Project, is working with young people and communities in the Pacific country of Vanuatu to offset the future effects of risk factors for these diseases, through optimising broad lifestyle and living conditions for the positive promotion of health. Recognising the established link between non-communicable diseases and their social determinants, the Pacific Action for Health Project works with young people to address these determinants at the community level including, but not limited to, unemployment. This paper appraises the program based on a constructivist approach to data gathering and analysis, with observations made in the field subsequently interpreted through the health promotion literature on community empowerment. From the data collected, six themes emerged as key attributes through which the program achieved its planned outcomes. Subsequent analysis through the community empowerment literature, specifically 'dynamic continuum' models of community development, provided deeper analysis of the program's strategies and offered insight into how the literature on community empowerment may work in practice in a resource poor context. In addition to the development of locally specific empowerment measures as indicators for future program evaluation, further ethnographic work and participatory-action research approaches are encouraged to assist the future development of the program.

Key words: non-communicable diseases; social determinants; resource-poor contexts; community empowerment.

Introduction

Non-communicable diseases (NCDs), also termed chronic or lifestyle diseases, have become a huge burden in many resource-poor settings, in addition to the already established burden of communicable diseases^{1,2}. Community based initiatives have been offered as important strategies to prevent these NCDs occurring². However a recent review of community initiative implications for resource-poor settings concluded that while there is firm knowledge on 'What should be done?' less clarity exists on 'How it should be done?'³. This paper investigates one program directly addressing this 'how to' question.

Recognising the established link between NCDs and their social determinants^{4,5}, the Pacific Action for Health Project (PAHP) works with young people to address these determinants at the community level. This paper appraises PAHP based on a constructivist approach to data gathering and analysis⁶. Observations made in the field in one country, Vanuatu, are subsequently interpreted through the health promotion literature on community empowerment.

Background

PAHP is funded by the Australian Agency for International Development (AusAID) and aims to improve the lives of young people through offsetting the future effects of NCD risk factors. PAHP operates in three countries in the Pacific: Tonga, Kiribati and Vanuatu.

PAHP is a program based on a health promotion approach integrating the strengthening of healthy public policy, the development of health-supporting legislation, the creation of healthy environments, the development of community skills and knowledge, and the building of sustainable community involvement in supporting young peoples' health. In Vanuatu, PAHP has initiated numerous community activities to empower young people, in particular 'drop-out' youth, to adopt and maintain healthy behaviours. The focus of this paper is the community-based approach and initiatives of PAHP in Vanuatu.

PAHP recognises the importance of taking a 'social determinants of health' perspective to NCD prevention, where risk factors are understood to be rooted in wider social conditions such as poverty and material deprivation^{4,7}, alternatively termed the 'causes of the causes' of NCDs⁵. There is a growing awareness that in both low-income and more affluent societies, NCDs are more prevalent 'among those who do not have the resources to pursue healthy choices easily'⁸.

The Republic of Vanuatu is an island nation situated in the South Western Pacific Ocean. The population is currently young, with 52% aged under 19 years and 60% under 25⁹. Designated a Least Developed Country¹⁰, much of the population lives by subsistence and unpaid work⁹. As Vanuatu's young population ages, accompanied by lifestyle changes such as diet and physical activity, cases of NCDs are beginning to increase^{2,11}. The associated high costs currently experienced by other Pacific countries are already beginning to appear¹²⁻¹⁴.

As with these other countries, young Ni-Vanuatu are increasingly faced with rapid urbanisation, decreasing consumption of local foods, limited job opportunities, and the availability and accessibility of cheap cigarettes and alcohol^{15,16}. The secondary education system has an insufficient number of places (<20%) for all children to attend. This results in large numbers of school 'drop-outs', with limited opportunities for education or engagement in meaningful work, and consequent difficulty in pursuing healthy lifestyle choices.

PAHP Vanuatu takes a threefold approach to assisting young people via community based initiatives. This is achieved by increasing awareness of healthy lifestyle and behaviours, providing choices for youths where otherwise they may have none, and recognising the influence of young people's family and community on their adoption of healthy or unhealthy behaviours.

Specific community based activities include drama performances, sports competitions, youth training in harm reduction principles, youth advocacy programs, and the participation in and design of festivals. One novel strategy for health promotion has been the use of microfinance in the form of small grants and microcredit schemes. These schemes target unemployment as the primary social determinant of substance abuse.

A formal evaluation of PAHP was undertaken in early 2005¹⁷. This evaluation found that PAHP's community based initiatives in Vanuatu were meeting the goals and objectives of the program across process, impact and program outcome indicators. For example, in terms of youth involvement and exposure to the program, records showed targets of young people being directly involved in educational programs concerning NCD risk factors were reached, there were increases in the number of active youth groups and youth networks, and additionally an increase in community 'events' led by youth that expose large numbers of others to NCD messages. In terms of broader community involvement in the program, PAHP in Vanuatu included high level community input to the development of the NCD strategies and their subsequent implementation. Focus groups with community members and leaders supported the positive influence of PAHP on self reported risk knowledge, attitudes and behaviours.

Method

The first author (PH) was invited to undertake a three-month work placement in Vanuatu to further appraise the quality of the program's activities. This placement took the form of a focused rapid ethnographic study of PAHP. Data were collected primarily through observations recorded as field notes, analysis of program-related documents, and through informal interviews with youth involved.

The project team ensured this quality improvement exercise was undertaken in an ethically sound manner, meeting all guiding principles of the original project agreement between the project team and AusAID. Key individual stakeholders and the community in general were consulted throughout with verbal agreement provided following the oral traditions of Ni-Vanuatu. Brief interim reports and a copy of this paper

were disseminated to all interested community members as the project proceeded.

In line with good practice in qualitative research, the research took a constructivist approach, underpinned ontologically, epistemologically, and methodologically^{6,18,19}.

Ontologically we respected that the day-to-day realities of PAHP and youth in Vanuatu were socially constructed, and their local and specific content and form were dependent upon the persons who held these attributes¹⁸. The 'expertise' lay with PAHP, and the young people and communities with whom PAHP was working.

Epistemologically, we recognised the primary researcher was part of the reality being researched, '...such that the research findings [were] a creation of the inquiry process itself rather than a collection of external, already existing "facts"⁶. As a result the findings were based in the lived experience and reflective learning of the primary researcher, based on continual iterative interaction and discussion between all authors/researchers throughout the period.

Methodologically, notes were based on constant interaction during the three months in the field, with continual analysis iteratively involving comparison of different perspectives^{6,19}. Elements of both action research²⁰ and evaluation²¹ were used.

Following the data gathering, the data were analysed in the light of the literature on community based health promotion. While recognising health promotion approaches meeting evidence criteria derived in Western societies may not be the basis for successful interventions in non-Western contexts²², PAHP was designed on Western theories. Therefore we believe appraising this data against the literature both adds value specifically to the program itself, and potentially to the future 'how to' of this form of health promotion intervention in general.

Findings

From our analysis of field notes interviews and program documents, six themes emerged from the data which we perceived as key attributes of the PAHP's community based approach. These were: 'openness', 'embracing the local', 'incrementally encouraging support', 'financial incentives', 'creating leaders' and 'positive coordination'. Each theme is discussed separately, although in practice these attributes were interwoven throughout.

Openness

Openness was seen to be essential to PAHP and was achieved through a number of means. Firstly PAHP has operated through the offices of a well respected and known non-governmental organisation, which has encouraged greater openness than if the program had been conducted through Government mechanisms.

Secondly PAHP has worked largely through word of mouth. Over time as PAHP has become known to the community,

Chiefs and other community leaders are approaching PAHP rather than being approached. Culturally this fits well within the structure of traditional communities in Vanuatu and encourages a sense of ownership of activities from the outset.

'Openness' also manifests itself on a one-to-one basis. 'Storianing', that is, taking the time to talk and discuss, is a central part of community life in Vanuatu, and PAHP's coordinator has always been exceptionally willing to sit down and explain the program's purpose and potential benefits to the community.

Embracing the local

Once permission was given from the community via Chiefs and religious leaders, young people were visited in their communities and an NCD awareness-raising session was arranged. This visit encouraged young people to feel a part of the program, on their own terms and within the context of their lives.

The session covered awareness of unhealthy lifestyles for Ni-Vanuatu such as discussion on food types, particularly Western food, and responsible

alcohol use. This was coupled with what can happen to families and communities as a result of changes in society. The emphasis was on promoting action and sustainability through encouraging young people to think 'where do we go from here?'

Attention typically then turned to various initiatives supported by PAHP, but qualified with the need for firm commitment from young people to help themselves through such an initiative. To help organise themselves as groups, a democratically run committee of male and female youth leaders was elected to oversee and take responsibility for the planning of projects and events, and to communicate with PAHP, thus sustaining the embrace of the local.

Incrementally encouraging support

When community events were designed with input from Chiefs and other leaders, community wide promotion of the event and its NCD message was encouraged. In communities this created as wide an engagement as possible with the activities in which young people are involved, and also served to advertise PAHP and its aims by word of mouth.

A recent first ever 'smoke-free tournament' on the island of Tanna provides a useful case. The youth committee co-opted a number of key individuals, including the local health officials and a private businessman, to promote a smoke-free event at the sports ground near the main town centre. To involve the broader community, the committee ensured the event coincided with market day. Three or four primary schools joined together on an 'NCD march' past the market through the town, with banners bearing the slogan 'Health for all and all for health!', and the children singing a 'call and answer' song about NCDs. These separate activities all served to strengthen the overall weight of event towards the PAHP's goals.

Financial incentives

Central to the effectiveness of PAHP have been two microfinance schemes - small grants and microcredit - that support ongoing initiatives designed and controlled by youths. These have become the central levers PAHP uses to alleviate the problems and resultant health effects associated with unemployment that many youth in the community face. These schemes are immensely popular as they offer a small financial incentive for young people, with their own initiative, to create something positive that benefits the community as a whole.

The running of such groups requires business-related skills and some groups have had difficulties, particularly with microcredit repayments. As a result of this quality improvement exercise, PAHP has begun a process of actively involving youth in the design of this scheme to better understand their circumstances while honing such skills as money management.

Creating leaders

PAHP has placed a central focus on developing youth leaders. This focus fits culturally in Vanuatu, where communities are led by Chiefs (hereditary and elected) and/or religious leaders. In addition emphasising leadership shows the community that these young 'drop-outs' can achieve something positive with their lives, while advertising them as potential future community leaders. However, as discussed below, further consideration in relation to those less likely to attain leadership roles is required.

Positive Coordination

Analysis of the data also revealed the role of the coordinator as central to the success of the program. He commands enormous respect in the community across Vanuatu, and has deep knowledge of health and the determinants of health as they relate to life in Vanuatu. The respect he is shown and knowledge he brings means that he not only gives PAHP a solid reputation, but also that youth listen to the program's NCD messages and regard him as a role model, giving advice and support.

Discussion: Reflection through a literature lens

We believe PAHP's basic philosophy, as explicated in the above themes, fits admirably with the broader literature on community level health promotion strategies. One area in particular, 'community empowerment', stands out as of major relevance to PAHP's community initiatives. Reflecting on our findings in relation to the empowerment literature is useful in a number of ways. First it enables a deeper analysis of PAHP's successes. Second it uncovers potential areas of opportunity for PAHP, and other local organisations wishing to replicate PAHP's approach, in the future. Third it provides an insight into how the literature on community empowerment may work in practice in a resource poor context.

However, in using the relevant literature against which to critically appraise PAHP, we recognise that the measurement of health promotion requires is the need to differentiate between processes and outcomes¹⁹. This is particularly true for the concept of empowerment, which as a program outcome is limited by most health promotion programs' long time frames and contingent nature²³. Furthermore, of particular relevance here is that linking empowerment to the social determinants of health at the community level is a long-term exercise, and is subject to intangibility and unpredictability²¹. Given that PAHP has only been in operation for a limited time, the main thrust of our analysis is on more immediate indicators of PAHPs 'success'.

Community empowerment

Community based health promotion strategies to address the wider determinants of health and wellbeing were given legitimacy by the Ottawa Charter health^{24,25}. At the heart of these approaches is 'the empowerment of communities, their ownership and control of their own destinies'²⁴.

Empowerment is a multifaceted concept, operating at a number of levels; individual or psychological, organisational, and community²⁶. Community empowerment²⁷ has been advocated as the most comprehensive approach to addressing the social determinants of health²⁸. Community empowerment encompasses individual, organisational, and community factors²⁹, ultimately extending to social action³⁰, which all challenge and transform existing power relations where one party has had 'power over' the other²⁵.

Recently the call has been made to analyse how community empowerment is addressed within the context of international health promotion program planning²³. Laverack and Wallerstein propose basing this work on 'dynamic continuum' models of community development that progress in a non-linear fashion across levels of empowerment³¹. A number of authors have offered such models^{25,31,32}. These begin with personal empowerment, followed by creating a sense of community through the development of small mutual support groups, community organisation and issue identification and campaigns, then participation in organisations and coalitions. These lead to collective political and social action and the gaining of control over resources, all of which ultimately are associated with improved health status.

Measuring empowerment against program attributes

PAHP's initial evaluation report¹⁷, provides an initial awareness into the empowerment of young Ni-Vanuatu. Through this evaluation, based on 15 interviews with key stakeholders in Vanuatu, it is possible to identify empowerment through implicit process, impact and program outcome indicators²¹.

Overall, it was felt that the Country Coordinator was exceptional in his networking skills, advocating for Ni-Vanuatu youth across different organisations and

communities. In addition, interviewees working with disadvantaged youth perceived he was always responsive and open to hear their requests for assistance.

All stakeholders interviewed agreed the program reach was excellent in that it did get to the most needy.

Many stakeholders commented that PAHP was directly addressing the underlying factors in the social environments of Ni-Vanuatu youth that have contributed to NCD risk factors. Stakeholders were unanimous that youth unemployment was the biggest social determinant leading to this problem, agreeing that the provision of opportunity was agreed as a very constructive approach for PAHP that differed from other health 'risk factor' focussed programs – 'We are really talking livelihood rather than lifestyle' was one perceptive comment made. For example, actively addressing unemployment as the primary social determinant of the substance abuse problem through small grants schemes was exceptionally well received compared with more conventional youth health educational approaches, and seen as positive compared with negative messages merely attacking the symptoms.

PAHP and the community development continuum

From both our initial reflective findings and the program evaluation interviews reported above, PAHP clearly empowers youth within their communities, slowly assisting them to productively challenge their situation in their communities and in society. However, we believe our reflective experience on the program, analysed against the dynamic community continuum, provides added depth to our findings. This is in line with Laverack and Wallerstein's²³ suggestion of program analysis, while also providing additional answers to the general 'how to?' question of community NCD prevention programs.

The (non-linear) continuum begins with raised consciousness concerning 'a power deficit or unattended social problem' accompanied by some individual personal development to the point where individuals are willing and able to join a group and function effectively within it³¹. For PAHP such consciousness raising is routine. Although explicitly referring to 'power' is not standard, terms like 'build yourselves up' are often used to encourage youth to look critically at their situation.

Small groups have been termed 'the locus of change' for empowering health promotion in communities²⁵. This 'mutual support' counters social isolation by building and expanding family and neighbourhood networks as a part of a process toward greater control of resources^{31,32}. At the same time 'Issue identification and campaigns/community organising' occurs as individuals become critically aware of how political structures affect them and their groups.

PAHP is very strong on these two areas of the continuum. 'Issue identification' typically occurs at the awareness

session, with mutual support groups occurring later. These sessions make very clear where youths currently sit within Vanuatu society - including how 'drop-outs' are perceived - and how development is affecting Vanuatu. Organising mutual support groups is provided as an opportunity for them to create something positive for themselves in the light of these broader factors. Encouragingly, interviews with youths revealed that they recognised the groups were not only giving them something productive to do, but also providing them with skills they could transfer to other situations. In addition, in communities where PAHP operates, it was heartening that the communities' views of youth are reportedly slowly improving, based on the youths' involvement in enterprises that are productive for them and their communities – for example the local police have been training one group of youths to be security guards in their community. Such an increase in social capital is a potential measure of the success of PAHPs community empowerment initiatives²⁶.

Critical during these two stages is transference of power and control from the professional community worker to the community, to create a 'power-with' situation²⁵, with the worker taking a back seat role³². PAHP also takes this line, but on a group-by-group basis as some groups appeared to require more support than others. Unfortunately, with the increased success and growth of the program there is a concern the coordinator will be overstretched and unable to provide this support when needed.

Finally, 'coalition advocacy' occurs when a joint position is taken on an issue, and 'collective actions' are initiated in a deliberate attempt to influence policy choices.

'Participation in organisations' is recognised as the means by which people learn transferable skills and communities develop problem-solving capacity. This appeared to be occurring successfully. However, it is unclear whether those youth with least self-esteem or

self-efficacy, or those in more difficult social situations, are coming forward or being invited to participate in the groups. In addition the focus on leadership development has seemed to take precedence over development of all involved. This emphasis was initially based on the assumption that skills would trickle down from leaders to the rest of the group. However, during discussions with a number of groups it became apparent this was not always the case; indeed there were a number of occasions where previous group leaders were accused of various forms of mismanagement and had been dismissed not only from their role but also from the group. As part of our quality improvement initiative, we discussed the need to assess in a culturally appropriate way whether the most isolated in the community are coming forward.

Finally, 'coalition advocacy' occurs when a joint position is taken on an issue, and 'collective actions' are initiated in a deliberate attempt to influence policy choices²⁵. In terms of empowerment, 'participation in collective action is fundamental to the successful redistribution of resources, which is necessary before a community or group is said to be empowered.'³¹. PAHP is certainly working toward this goal, encouraging youth to advertise themselves, their situation

and their achievements. For example involving youths in marches through their various communities headed by banners and key messages (see picture 1) is a major step towards collective social action – although it should be noted that marches are commonplace in Vanuatu, and this program attribute may reflect what is culturally commonplace rather than a conscious move toward collective social action. However, combating powerlessness is a lengthy process²⁸ and full social mobilisation is less easily measured as this draws upon multiple rather than one-off interventions and requires sustained activism²¹. PAHP is currently a time-limited program, and requires ongoing, long-term funding to engage fully in this level of the continuum.

In addition, the above analysis has raised questions over the long term future sustainability of the program, bearing in mind that it is funded for a limited time, and the role of the coordinator appears currently to be paramount in the program's success. However, based on our experience, PAHP's sustainability can be enhanced through a number of policy level activities that will, in turn, impact on communities and the place of youth in Vanuatu society. Firstly, PAHP is involved in the creation of healthy public policy addressing NCDs. A future aim should be to support youth taking part meaningfully at this level²⁸. At the same time, recently PAHP has moved from being a regional program to become embedded within 'In-country' Ministry of Health workplans, funded on a bi-lateral arrangement between the individual countries involved and AusAID. Once formalised, this approach has the possibility of 'embedding' long term goals related to addressing the social determinants of NCD risk factors amongst young people through a continued program of empowering activities.



Picture 1. *The road to empowerment through social action? A PAHP sponsored March in Port Vila, Vanuatu.*

Suggestions for future work

This constructivist research design provided useful initial results both for PAHP and potentially for programs implementing or planning to implement similar strategies. However some limitations require discussion.

While very useful program level data was gathered, three months is a limited time to gather data, particularly given the cultural complexities of Vanuatu. More time spent with communities would have added strength to observations of the

program, particularly in light of the literature on community empowerment, which emphasises deeper knowledge of the context of life and culture within communities than a limited placement could allow²⁶. Long term ethnographic work would be the most suited for shedding light on the complex cultural, historical, social, economic, and political contexts within which power and empowerment exist²⁹ and that are evident throughout communities in Vanuatu. However, while this approach would undoubtedly lead to deeper contextual understanding, the pragmatic feasibility of undertaking such work over the long-term is questionable.

The findings are contextually bound yet have implications for addressing social determinants of health in other resource-poor settings. Our 'a posteriori' analysis has provided an initial 'a priori' framework from which others may work. Based on our reflections and analysis, an additional step to designing a similar program would be to develop key indicators with youth involved to form the basis for ongoing quality improvement of programs (for example AusAID has recently funded a number of small grants schemes through other NGOs in Vanuatu).

In line with Raphael¹⁹ we found focussing on empowerment provided a valuable level of depth to our analysis, particularly using the community development continuum as advocated by Laverack and Wallerstein²³. Given this promising depth to the analysis found 'a posteriori', it would be useful for future work to formally evaluate changes and successes based on specific empowerment measures. Recently, Wallerstein²⁶ has provided a useful overview of empowerment strategies and outcomes, and further pathways to health that could form the basis of this work. However, given the contextually dependent nature of empowerment the development of these evaluative tools should occur through in-depth participatory work with youth themselves to ensure cultural appropriateness and appropriateness to the life experience of young people in Vanuatu.

Participatory action-research will also be an important program improvement tool for PAHP in the future, and has begun in order to strengthen the micro-credit scheme. It is an empowering participatory tool²⁰, and furthering this across the program as a whole will provide the youth with additional skills while indicating how PAHP is running.

Conclusion

This paper has discussed one program directly addressing the social determinants of NCDs in young people in Vanuatu. Given the importance of community based health promotion initiatives, and the relatively new recognition of NCDs in terms of their social determinants within resource poor contexts, it is becoming increasingly important to document where these two meet. This paper has shown how one program is taking action to address this link, and how appraising it against the broader and largely theoretical literature can provide a useful tool to analyse that practice more deeply. The result is a glimpse into the 'how to?' of community based NCD prevention that is lacking in the literature³. More often, such programs have addressed narrow risk factors for specific disease prevention. PAHP however goes further, optimising broad lifestyle and living conditions, or the 'causes of the causes', for the positive promotion of health across the board.

PAHP is making strides towards enhancing the lives of young Ni-Vanuatu, evidenced by the interest in the program by communities themselves, and by the program's growth. The paucity in the literature on formal documentation of such programs, often due to lack of time, money, and academic experience, is understandable. However, we hope this paper has provided a useful and interesting glimpse into what one program is achieving, and will galvanise future program teams to write up their activities and appraise them through the lens of the relevant literature.

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ISSN 1015-7867

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Journal of Community Health and Clinical Medicine for the Pacific
September 2003, Volume 10 Number 2