



National Health
Promotion Program

Health promotion – the next step for chiropractic

By Dr John Edwards

I was asked to attend the Australian Health Promotion Association (AHPA) National Conference in Alice Springs in April to co-present the Healthy Spines program with Kathleen Stacey, as our poster presentation was accepted. As the only chiropractor in attendance, I took the opportunity to talk a little more with people who view health care a little differently to us.

I felt that I'd cleared the first hurdle of learning about the field of health promotion when I completed the Healthy Spines program last year. I ran the program with two schools and confidently felt that I had narrowed the gap in knowledge between our professions. My experience at the AHPA conference, however, was like the difference in earning a distinction in German and actually trying to order tea in Berlin. For a good portion of the convention I felt that I was out of my element – the syntax, the concepts and the fame of the keynote speakers were all moderately foreign to me. However, I was able to extract applicable information for both the possible role of chiropractic in future health promotion ventures and learn a bit more about my role in the administration of Healthy Spines in Queensland.

Regional centres have challenges meeting health care needs and the delivery of chiropractic services to these areas is no different. I spoke with Catherine Coller from the Royal Flying Doctor Service about the possibility of integrating chiropractic into their program. She seemed open to the idea since our equipment needs are relatively low and dentists have recently set a precedent for the involvement of allied health professionals in regional outreach programs. I followed up with the first Royal Flying Psychologist, Dr Robert Williams, after the conference and he was kind enough to send me his paper *Providing Mental Health Services in Conjunction with the Royal Flying Doctor Service*. As we spoke, it became abundantly clear that our issues of a level playing field in health care were extremely similar, and fortunately for us the trail has already been paved. If you're interested in finding out about how chiropractic can gain a foothold in healthcare for regional Australians, I highly suggest you read Williams' work.

As chiropractic seeks to expand its use among the general public, the next presentation was extremely appropriate. Shanon Handley, of Dental Health Services Victoria, illustrated the triumphs and frustrations of allied health education in a regional environment. She offered rare entry-level insight into how the dental model creates lifetime patients by educating children about oral hygiene, then providing supplementary



Dr John Edwards with students who participated in the Healthy Spines program.

material to the parents to support and reinforce the learning process. A critical point was that, without such reinforcement, preschool screening/education by dentists or dental therapists had no effect on preventing dental disease. That's right – dentists have tried one-off presentations to schools too and found that it's the backing of parents that help the most in changing behaviour.

In response to this finding, Handley's team had to change tactics. She highlighted a new holistic method using interdisciplinary partnerships to emphasise oral health as a part of the overall health picture. They even relied on the information provided by these professionals to identify the highest risk members of the local communities then used the information to apply their financial resources where they'd do the most good. The dentists worked with playgroup leaders, maternal and child health nurses, parents, preschool teachers and GPs. A surprising selection was immunisation screenings which are a requirement for Centrelink payments. To assess risk, the heart disease screening model was used (parental/sibling history, diet preferences etc). After being trained to identify them, the non-dental professional would refer the at-risk child to the appropriate dental professional. The net effect was an improved intervention rate, an increased inter-professional bond and a more efficient use of fiscal resources. As the CAA is looking to expand Straighten Up Australia and Healthy Spines to

more schools, it would be wise for chiropractors involved with these programs to take serious note of whom they're really trying to reach!

Finally, I was made aware of the changing nature of the doctor's role from consultant to partner in health care decision-making. Dr Isaac Menge poignantly stated, "We (doctors) don't take the time to think that the people we treat have brains." During his presentation *Prevention is the Solution*, Dr Menge emphasised real doctor/patient communication to break the patient's habit of passively following orders and create a sense of partnership, of intimate belief in the concept that the treatment was for them. He directed his conversations with patients towards the question of why they found themselves in a situation where they needed repeat visits for a condition which they were ultimately responsible for creating. I felt Dr Menge did this without appearing confrontational and instead worked towards the concept we share in chiropractic that health comes from within.

Lily O'Hara, on the other hand, was overtly confrontational in her presentation on the violation of human rights by a weight-centred approach to health. She used recent evidence that suggests activity level, not obesity, is linked to chronic disease. This prompted a question about whether GPs, who currently operate under an opportunistic protocol for prescribing active scripts to overweight patients, should do so. This question, which came from a person who educates GPs on the active script program, suggests that an increase (or merely engagement) in physical activity isn't a universal recommendation within the GP paradigm. I would propose that, in contrast, chiropractors have consistently espoused the

benefits of exercise and are ideologically in a perfect position to recommend or provide a rebate for a fitness club membership. To the best of my knowledge the current active script allows us to do exactly that; however while I find it re-affirming that our role has been recognised, I think O'Hara's observations point to an opportunity for chiropractic to take a stronger position within health promotion.

The field of health promotion is full of dedicated, educated individuals who genuinely care about the quality of health in the Australian community. They have worked diligently to come up with theories and practical application for sustainable models of health. Yet, something was missing – that something is you, doctors. Health promotion needs doctors whose ideals are congruent with patient-centred care so they can implement these strategies. These values have been implicit in our training as chiropractors for over 110 years, but the language and systems we use need honing. Becoming a health promoting chiropractor, the chiropractor of the next generation, is not a role we can step into without the proper training and experience – Healthy Spines provides one avenue for this. However, I predict that learning about health promotion will be the next natural step in the evolution of our profession.

For information on how to get involved in the Healthy Spines Program contact Leanne Jenkins or Jodi Millen at the CAA National Office: nhq@caa.asn.au or 02 4731 8011. More information on Healthy Spines is available at www.healthyspines.com.au where you can download copies of the 2005 Evaluation Report from the Healthy Spines Research section.



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