1st Australian Customer Vulnerability Symposium

Challenging Assumptions of Customer Vulnerability: Rethinking and Reframing

Breakout Session
Demographic and Life Stage Customer Vulnerabilities – Issues, Challenges, Solutions

Chair: Foula Kopanidis

Speakers:

Joy Parkinson. Australian eHealth Research Centre, CSIRO.

Laura McVey. esafety Commissioner's Office

Mike Reid. Consumer Wellbeing Research group, RMIT

ORIMA SUNCORP RMIT UNIVERSITY Consumer Wellbeing Research Group AASM AUSTRALIAN ASSOCIATION OF SOCIAL MARKETING QUT Centre for Behavioural Economics, Society and Technology

The importance of recognising and addressing vulnerabilities in Australian health consumers

Associate Professor Joy Parkinson
Australian eHealth Research Centre CSIRO

ORIMA SUNCORP RMIT UNIVERSITY Consumer Wellbeing Research Group AASM AUSTRALIAN ASSOCIATION OF SOCIAL MARKETING QUT Centre for Behavioural Economics, Society and Technology

Language of vulnerability

Can be paternalistic and oppressive

Can serve to widen social control (takes away agency from the person)

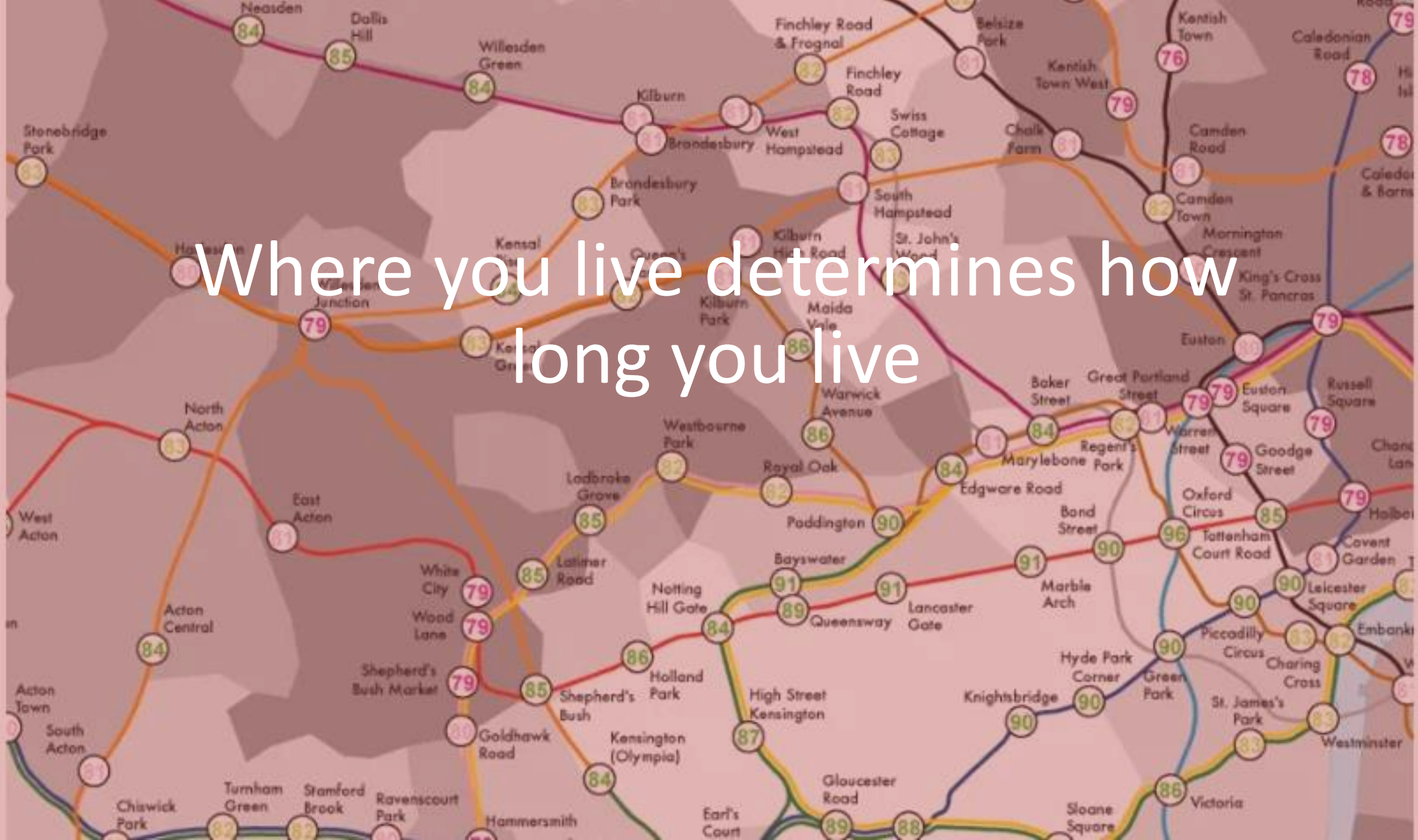
Labelling groups as vulnerable can result in exclusion and stigmatization

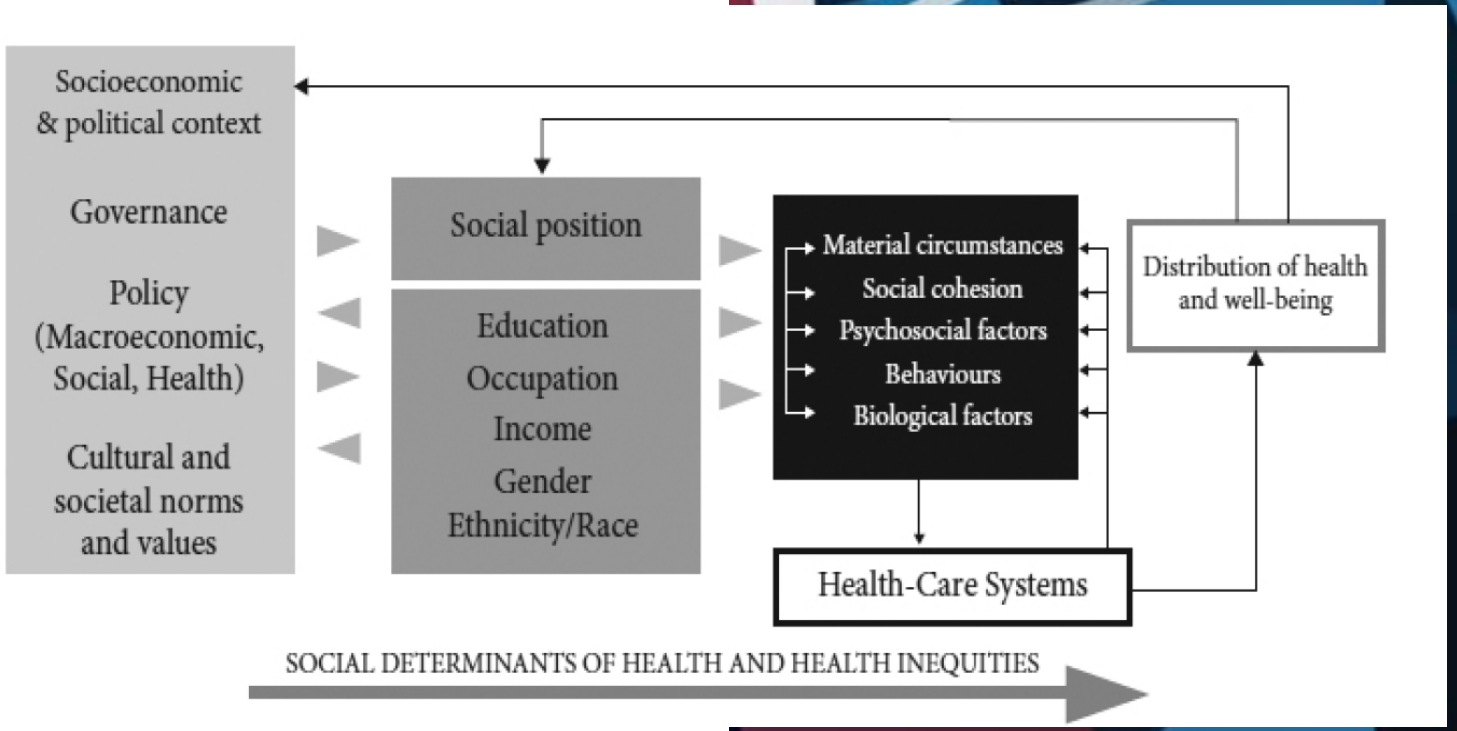
Disempowerment from attention placed on deficits, dependency and passive, **rather** than challenges, opportunities, autonomy and self-determination

But…

Use of language that locates challenges outside of an individual or group may appropriately call attention to external factors, and create opportunities to develop strategies that mitigate effects of the root causes of health inequities

Health equity lens


Where you live determines how long you live



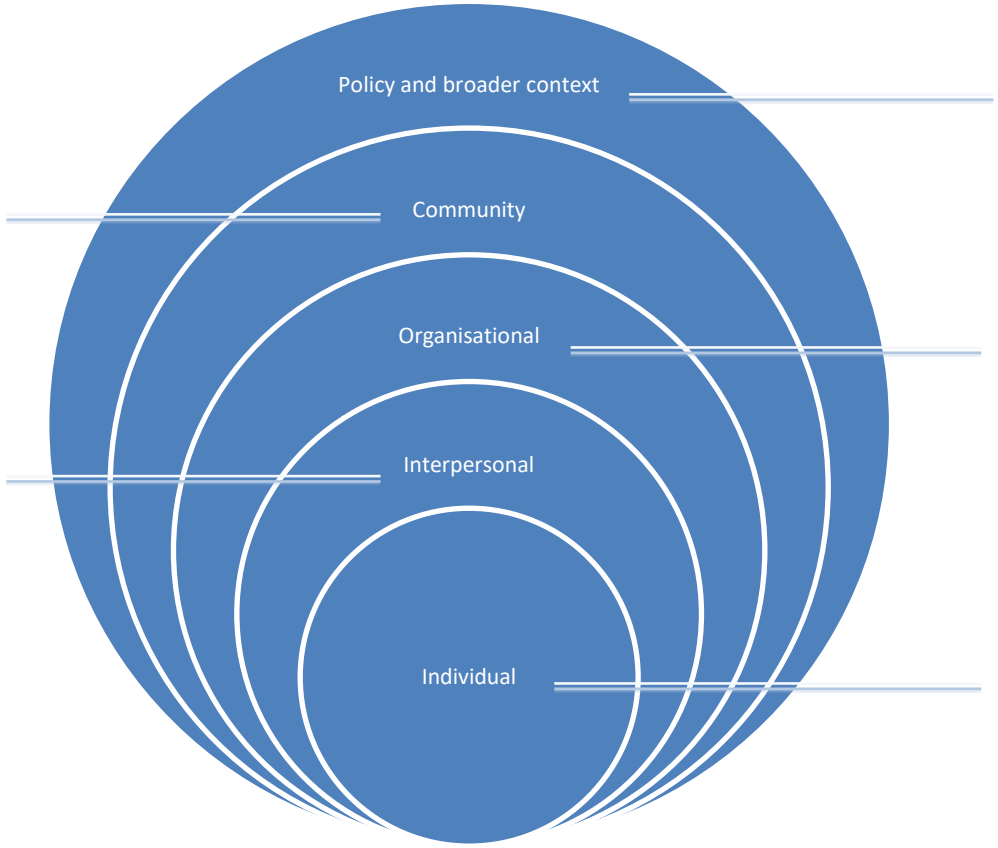
Source: World Health Organisation

Promoting health equity

Efficacy/effectiveness
What community strengths/resources can be leveraged to address systemic drivers of inequities?

Who are trusted messengers within existing social networks?

How can they be engaged to enhance the initiative's impact? (Knowledge, motivation, skills to advance equity, culturally relevant factors)



Implementation
How do structural/political factors shape the reach and sustainability of the intervention?
How can they facilitate equitable reach?

What drives organisational adoption of the initiative? (Competing demands, bias, culturally relevant factors)

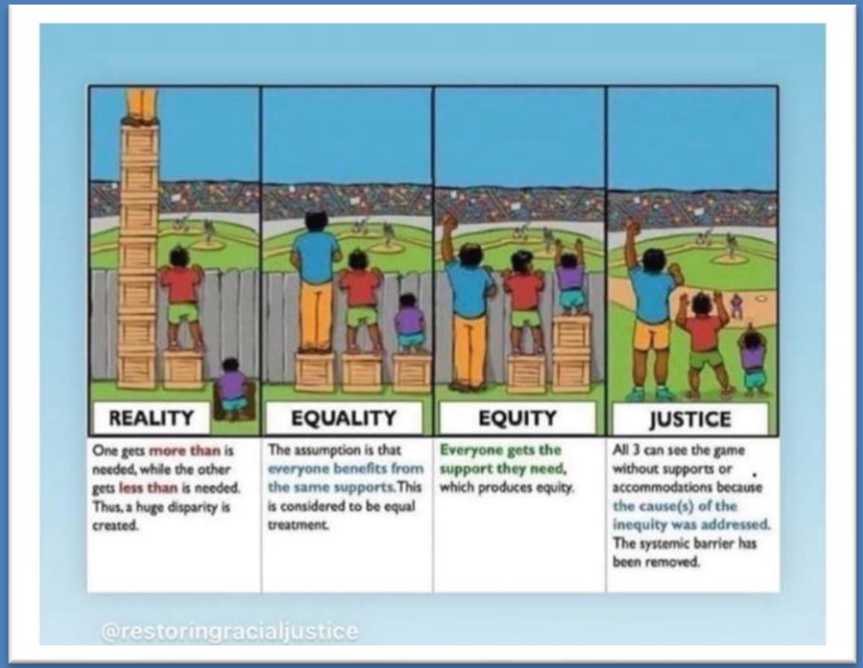
How should the intervention be adapted to address new participants' characteristics? (knowledge, motivation, skills, health literacy, cultural factors)

Frame, understand and inform solutions to address health inequities

- Range of methods to provide nuanced, holistic, and contextualised understanding of the multi-level factors and processes that shape health inequities
- Ground research in lived experience of relevant communities and people
- Address intentional, systematic, and structured discrimination based on the intersections of race, ethnicity, gender, class, sexual minority status, and ability
- Justice oriented action can be advanced by understanding the mechanisms through which the inequities exist

Moving from old thinking to new thinking

- ❑ **Take a proactive approach**
  - ❑ Integrate meaningful equity perspective through historical and anticipated inequities
- ❑ **Authentic engagement**
  - ❑ Incorporate lived experience
  - ❑ Co-creation with people-in-context
- ❑ **Encourage a deeper level of thinking**
  - ❑ More discourse
  - ❑ Blind-spot recognition



Picture credit: @restoringracialjustice

An initiative that is not intentionally equitable…

…is unintentionally inequitable


Old Thinking
New Thinking

Women's marketplace experiences

A lens for social change

Dr Laura McVey
Research, Policy & Strategy Advisor
eSafety Commissioner / RMIT University

I would like to acknowledge the Wurundjeri people of the Kulin Nations as the Traditional Owners of the land on which RMIT University stands,

as well as all First Nations people for their continuing care of everything Country encompasses — land, waters and community.

I pay my respects to First Nations people, and to Elders past, present and future.

ORIMA SUNCORP RMIT UNIVERSITY Consumer Wellbeing Research Group AASM AUSTRALIAN ASSOCIATION OF SOCIAL MARKETING QUT Centre for Behavioural Economics, Society and Technology

Choice(lessness) in markets & marketing

One of the ways social harms & vulnerabilities are addressed through social marketing is to empower people to make better choices for themselves (Bakan, 2016).

Problematised through:

- **Choice overload** - with many life-critical choice overload contexts (incl. privatized options for health services, insurance, retirement, etc.) becoming tantamount to paralyzing states of near-choicelessness.
- **Choicelessness** - as the inability, extreme difficulty, or impossibility to adequately exercise choice (Dholakia et al. 2018).

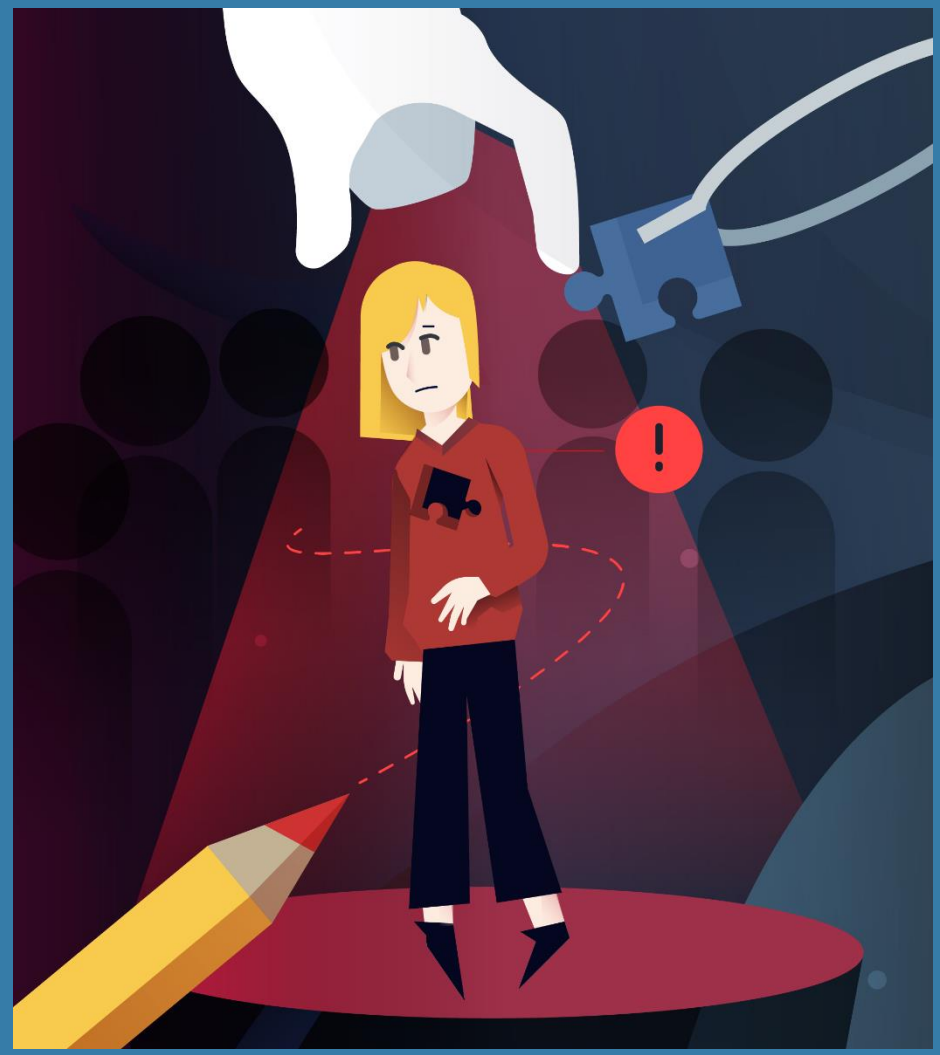
Rarely challenged is the foundational role of macro-influences on choice making (Dholakia et al. 2021).

Societal level approaches

Moving beyond ‘individualisations’

Societal-level approaches are considered an important supplement to measuring individual harm (Brennan et al., 2014).

However, there remains a tendency within the discipline to lean on ‘individualisations’ in addressing social harm (Bakan, 2016).



The pornography market & women's choice

"But what about the women who choose…?" (Whisnant, 2004)

Women's individual choice/s is not immaterial, but choice is immaterial to the functioning of the pornography market (Boyle 2014, Whisnant 2004).

With distribution channels that deprive women of any control over how or where their image is reproduced and deny them any resource if they change their mind (Bartow, 2007; Bray, 2014).

'Choice' is often purposefully used by the online pornography market to refute concerns on the economic inequalities and ethical issues of production and distribution (Gabriel, 2017).

The utility of rethinking choice for vulnerability

Applying a radical feminist critique to other contexts

A dominant focus choice fails ‘ . . . to account meaningfully for structural conditions that place restraints on women’s choices and inequalities’ (Quek, 2018, p. 98).

Women’s participation in the global economy may be better recognised, but it has not removed their socio-cultural or economic inequalities (Hein et al. 2016).

So, instead of asking about the choices of individual women, we must instead look to the conditions under which those choices are made (Jensen 2017).

The discourse of choice, as a tool of the market, individualises every case and removes any recognition of a collective condition of oppression or exploitation (Barry, 1995).

This lens on choice transforms private, personal experiences into societal and systemic problems; and through identifying a collective struggle, we can collectively rise-up, to struggle against it.

(Ramazanoglu, 1987)

Not All Middle-Aged Men are Helpless and Hopeless: implications for reimagining health promotion

Mike Reid

Professor of Marketing,
Director, Consumer Wellbeing Research Group,
School of Economics, Finance and Marketing. RMIT University

https://www.facebook.com/mambnation

ORIMA SUNCORP RMIT UNIVERSITY Consumer Wellbeing Research Group AASM AUSTRALIAN ASSOCIATION OF SOCIAL MARKETING QUT Centre for Behavioural Economics, Society and Technology

Why Middle Age Men?

Pivotal period in one's life-course (Alessi, & Rashbrook 2016; Moreno-Agostino et al 2020; Steptoe et al., 2015)

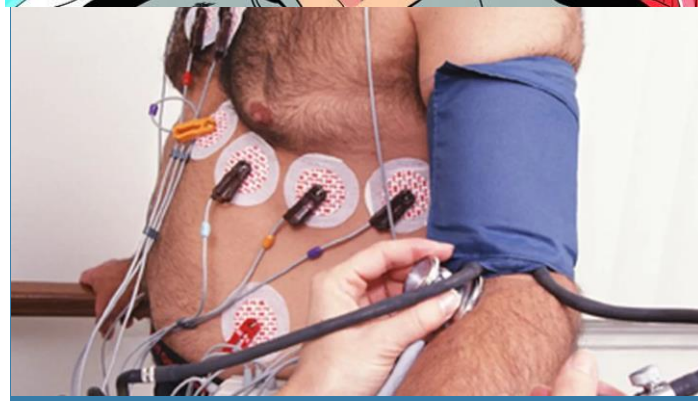
- addressing the excesses of youth and early adulthood
- sandwich challenges
- finding a new or renewed purpose in life
- setting up mental and behavioural patterns that influence older age health and wellbeing

Recognition that middle-aged men (45-65) underrepresented in promotion and polices designed to improve the HWB of Australians (e.g., NARI, AIHW, AMHF).

- Timely behaviour change initiatives during midlife may have a positive influence on older age HWB
- Lots of competition for the HWB of midlife men – many messages

Often framed negatively but needn't be - 'A time of crisis' vs 'prime of their life', 'time for exploration of new things' (Almeida & Horn, 2004; Lachman et al., 2015. Infurna et al, 2020)

- Time to reframe the narrative
- Stop wagging the finger and tut tutting
- Focus on leveraging and building HWB capabilities
- Focus on strengths-based language rather than deficit language

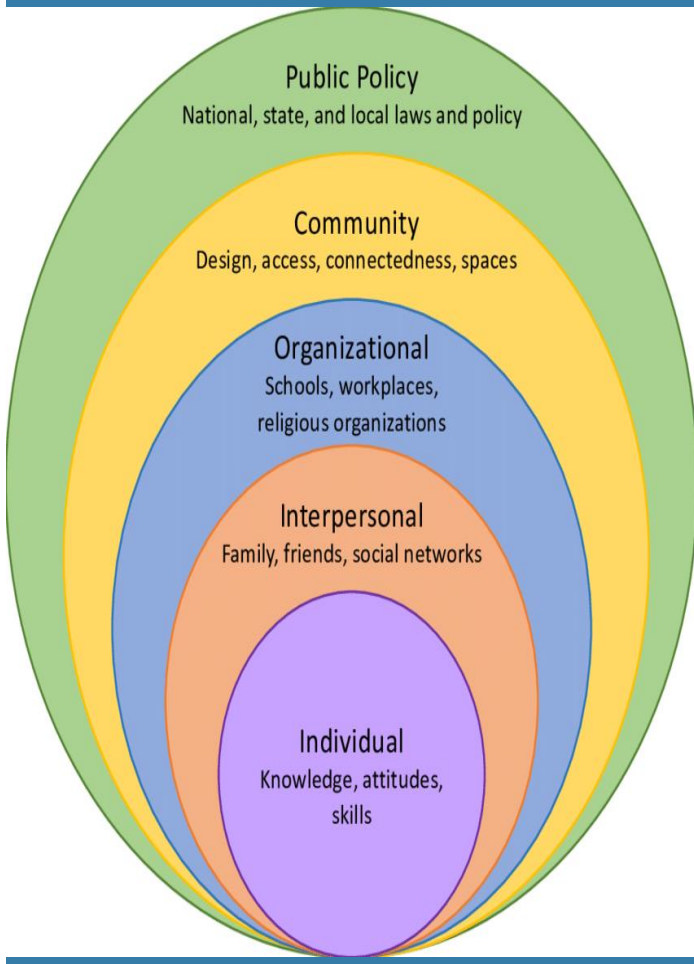


Unhealthy in Middle Age, Dementia in Old Age? - Consumer Health News | HealthDay

Health and Wellbeing in Middle Aged Men?

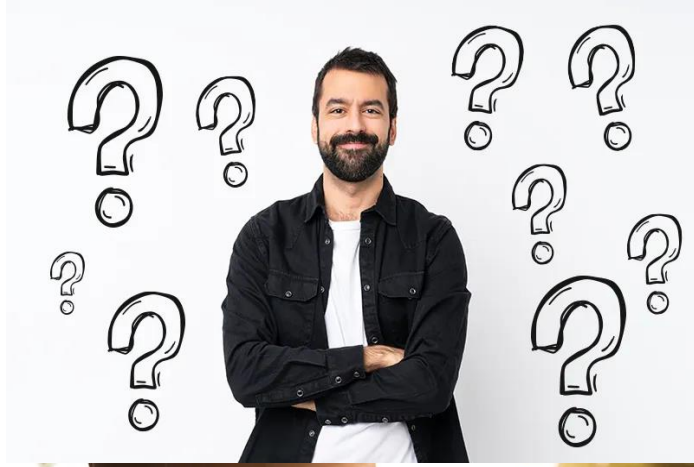
A range of biological, psychological and social factors contribute to middle aged men's poor health and wellbeing outcomes (AMHF, Dept of Health, 2018; Kelly et al., 2016, Mellor et al., 2017, Oliffe, et al., 2020, Steptoe et al., 2014)

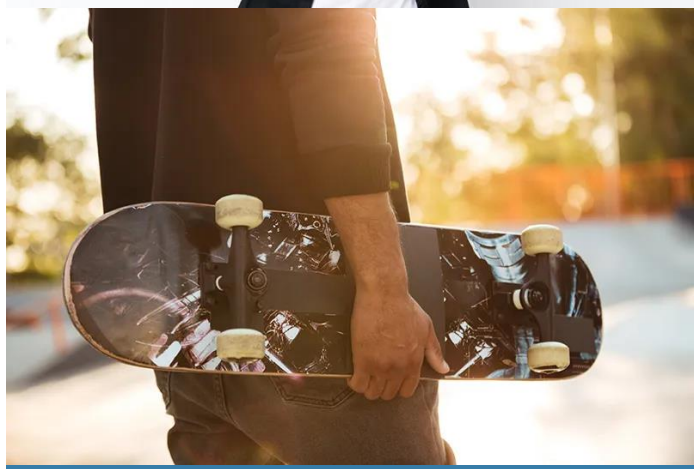
- Masculinity and perceived traditional norms
- Procrastination and delayed help seeking
- Stress and burnout
- Poor lifestyle choices (drugs, alcohol, smoking, diet, activity)
- Social Isolation
- Health literacy and digital health literacy
- Poor psychological health (depression, anxiety, stress)
- Relationship challenges
- Reduced/changing social value and economic opportunities
- …and many others



Study 1: Purpose in Life and its influence on the Health and Wellbeing (HWB) of Midlife men

Focus:	Extent to which health and wellbeing is impacted by notions of masculinity, procrastination, burnout and stress, proactive HWB goals, and whether a clear Purpose in Life (PIL) plays a positive role.
Purpose in life:	Have goals in life; a sense of directedness; meaning to present and past life; beliefs that give life purpose; have aims and objectives for living
Survey	508 Midlife Men (survey)
Main finding: clear PIL associated with…	Better perceived current health • Low perceived depression • Better perceived physical functioning • Lower burnout and stress More proactive HWB behaviours Clearer HWB goals • Physical • Mental Financial • Relationship





Source: www.smashingfifty.com/what-is-middle-age-for-a-man

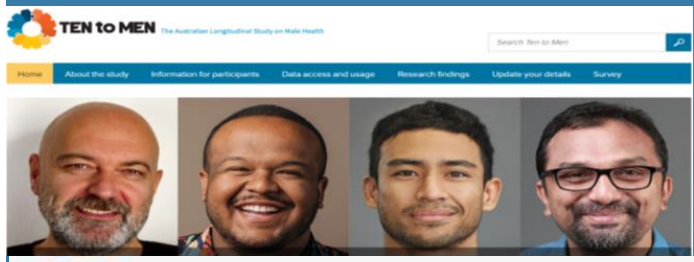
Study 2:Health Literacy and its influence on Help Seeking by Middle-Aged Men

Focus:	Examine relationships between individual, social, and health system characteristics and health and wellbeing outcomes. Specifically, health literacy and help seeking behaviour.
Health Literacy:	Ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others
Respondents:	505 Midlife Men (survey)
Main finding: HL associated with…	Greater propensity to seek help for a range of health-related issues, but less so for wellbeing related issues Having few perceived barriers to seeking help, especially regarding • Being open and able to talk about feelings and emotion • Willingness to talk about 'embarrassing' issues and problems • Having less distrust of health professionals • Having fewer perceived concrete barriers e.g. ability to get to a practitioner

Healthy Male - What every man should know

Study 3: Latent class analysis of the health and wellbeing of midlife men

Focus:	To what extent do health and wellbeing segments or sub-groups exist in midlife men, and What distinguishes those who are more or less healthy and well
Health and Wellbeing	General health, Physical health, mental health, personal wellbeing index, depression severity. Health literacy, masculine norms, demographics, AUDIT, BMI
Respondents:	Ten to Men: the Australian longitudinal study for male health survey (Currier et al., 2016; Pirkis et al., 2016) . Wave 1 N=6,265 (40-55yo). Wave 2 N=5,711
Main finding: HWB groups exist	Wave 1: 5 Groups – Sufferers, Mental decliners, In denials, Physical decliners, Very wells Wave 2: 3 Groups – Sufferers, Mental decliners, Very Wells
Those that do well	Health literate, less anchors to traditional masculine norms, not single or divorced, higher SES Need to 'talk' to groups differently

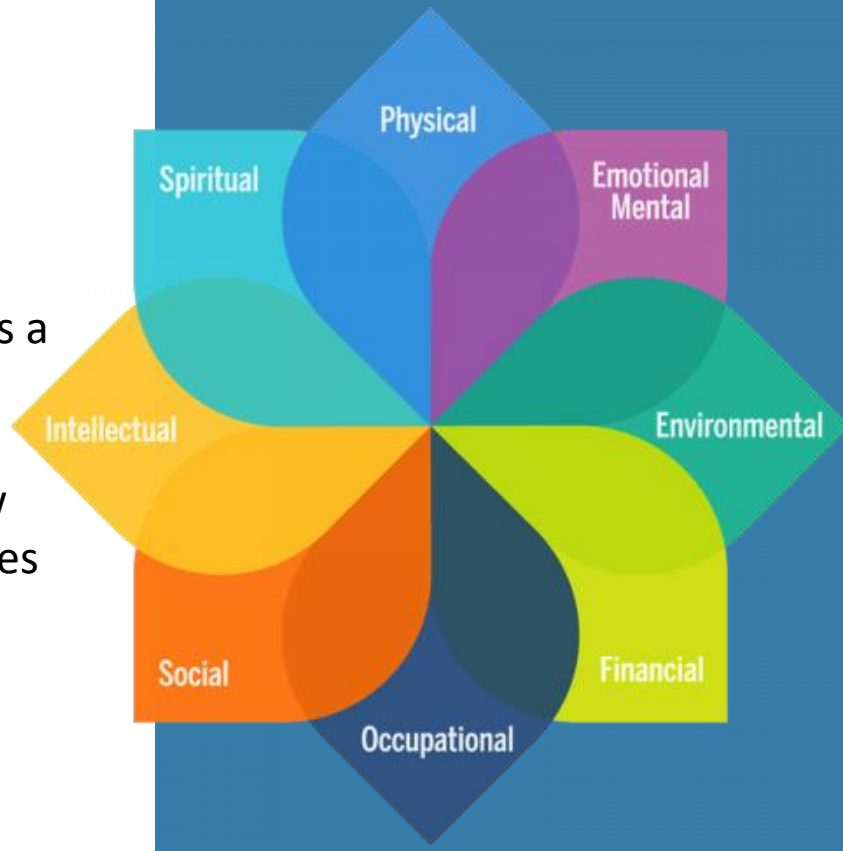


Implications and Lessons

Health and wellbeing literacy is central, but we need to work with varied HWB literacies in ways that support HWB goals – knowledge sets, practices, capability bundles, motivations.

Masculinity and HWB is nuanced. Don't fall into the trap of thinking masculinity is a summated statistic in a survey

Need to better understand the HWB journeys for different groups of MLM – how they learn, engage with, interact with, stay engaged with and reject HWB messages and initiatives.



Implications and Lessons

Map the direct and indirect competition for the attention and HWB behaviour of MLM - fierce, confusing, deficit focused…do your promotions and initiatives account for the competing demands of time-poor midlife men

Most focus is on the disease or issue very **little focuses on the social and personal desires and goals of MLM**…having goals shapes behaviours…broaden the HWB goal set – physical, mental, financial, social, emotional, relationship…

Crafting messages and initiative around desired life goals, purpose in life and HWB goals – **where's the fun, joy, excitement, challenge in messages about HWB?**

Systems thinking is needed…the MLM context

Sweat on furrowed brow, Middle-aged man seeks purpose, Time marches onward.

…from treating patient illness to managing consumer health and wellbeing

…from accepting one-size-fits-all to precision health solutions

…from a reactive system to a holistic and predictive approach

…from extending life to improving quality of life over a lifetime

1st Australian Customer Vulnerability Symposium

Challenging Assumptions of Customer Vulnerability: Rethinking and Reframing

Discussion and Question Time

Chair: Foula Kopanidis

Speakers:

Joy Parkinson. Australian eHealth Research Centre, CSIRO.

Laura McVey. esafety Commissioner's Office

Mike Reid. Consumer Wellbeing Research group, RMIT

ORIMA SUNCORP RMIT UNIVERSITY Consumer Wellbeing Research Group AASM AUSTRALIAN ASSOCIATION OF SOCIAL MARKETING QUT Centre for Behavioural Economics, Society and Technology

How to Respectfully Include First Nations Voices and Perspectives when Developing and Implementing Customer Vulnerability Protocols and Guidelines

Professor Maria Raciti
University of the Sunshine Coast

ORIMA SUNCORP RMIT UNIVERSITY Consumer Wellbeing Research Group AASM AUSTRALIAN ASSOCIATION OF SOCIAL MARKETING QUT Centre for Behavioural Economics, Society and Technology

Introductions

Us-Two

Working with Aboriginal and Torres Strait Islander peoples who *may* be experiencing compounding and intergenerational disadvantage requires sensitivity.

Co-created design that is strengths-based, participatory and foregrounds participants' voices, enables empowerment and self-determination of their own social marketing program outcomes.

Respectful engagement is essential. It is about knowledge exchange, working *with* and *for* Indigenous peoples, *some* of whom *may* be experiencing vulnerability.

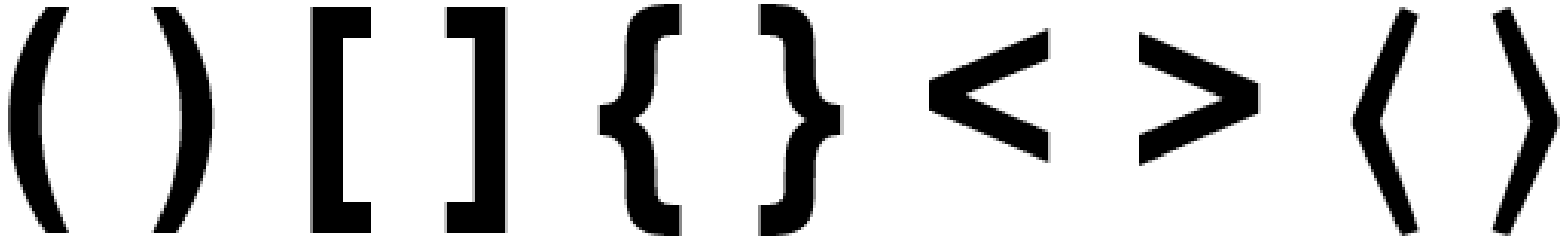
Sensitivity to others first requires you to understand and acknowledge your own social positioning and worldview— the privilege and power you have.

Identity is complicated

Us-Two: Bracketing

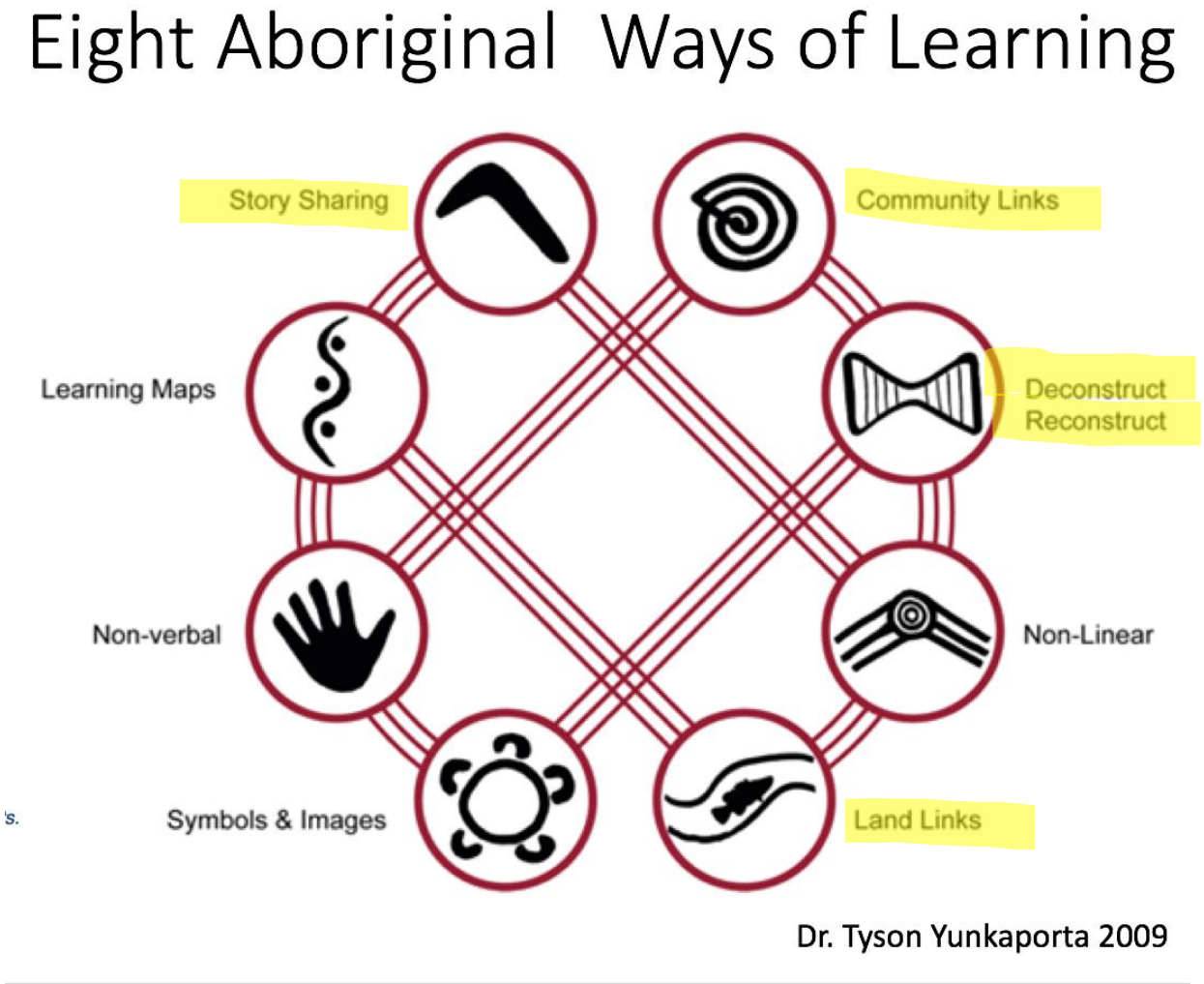
- Your worldview will shape the programs you design.
- It is critical to know who you are and how your micro-history has gifted you with privilege and power that has shaped your worldview and un/conscious biases.

Bracketing



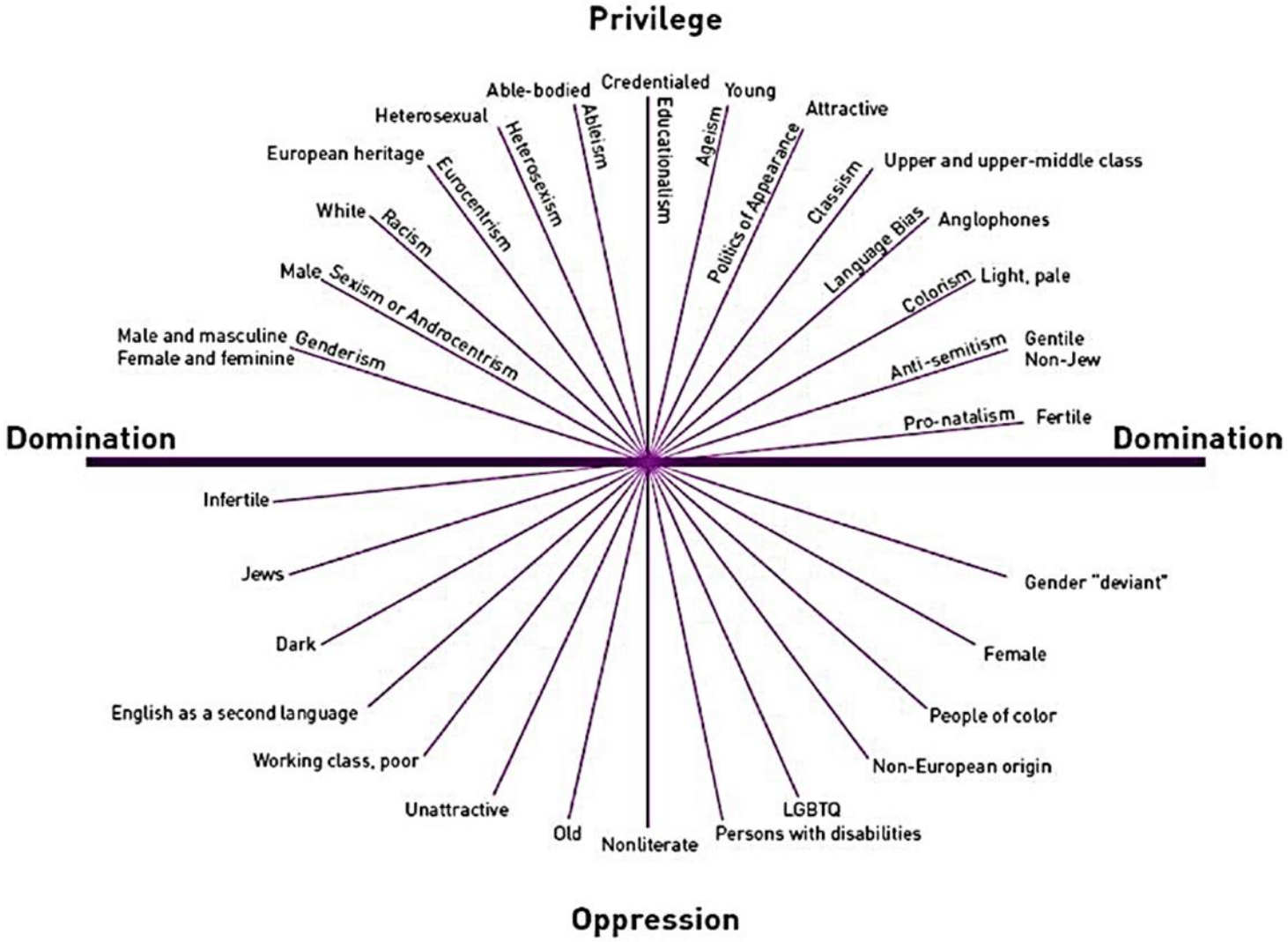
Unbracketing will help build trust. It shows respect for Indigenous ways.

It requires you to be vulnerable.



Us-Two: Indigenous Standpoint Theory (Nakata, 2007)

- Recognises power relations
- Asks you to become self-aware of your social status and declare/share this.
- This helps to socially situate/position yourself, your experiences and your knowledge.
- It is best to declare/share your intersectionality and micro-history associated with the phenomena, place or people associated with your program.
- Share when meeting with Indigenous stakeholders to build rapport and trust by taking a ‘person before business’ approach (Queensland Health, 2015).



Acknowledge if you are part of the dominant culture and recognise the limits of your historical knowledge and life experiences.

Us-Two: My Standpoint

I have maternal Aboriginal ancestry with cultural connections to the Kalkadoon-Thaniquith/Bwgcolman peoples. I was born and raised in Birri Gubba Country (Mackay) and lived for a decade in Darumbal Country (Rockhampton) before moving to Gubbi Gubbi Country (Sunshine Coast) in 2001.

My maternal great-grandfather was ‘King’ Johnny Mapoon, who was forcibly removed from Mapoon to Palm Island with his four children in 1939. My grandparents, Fred and Iris Clay (nee Mapoon), were well-known activists in the 1960s and 1970s who changed state and national policy.

My grandparents and parents education did not extend beyond primary school. There was little expectation that my brother or I would go beyond Year 10. We finished school, and both have university degrees despite the odds against us. This is **why** my work is about educational inequality through which I ‘light the path’ and ‘keep the door open’ for other Indigenous peoples.

Activity

Write a brief standpoint statement (intersectionality + microhistory) for a project you are currently working on.

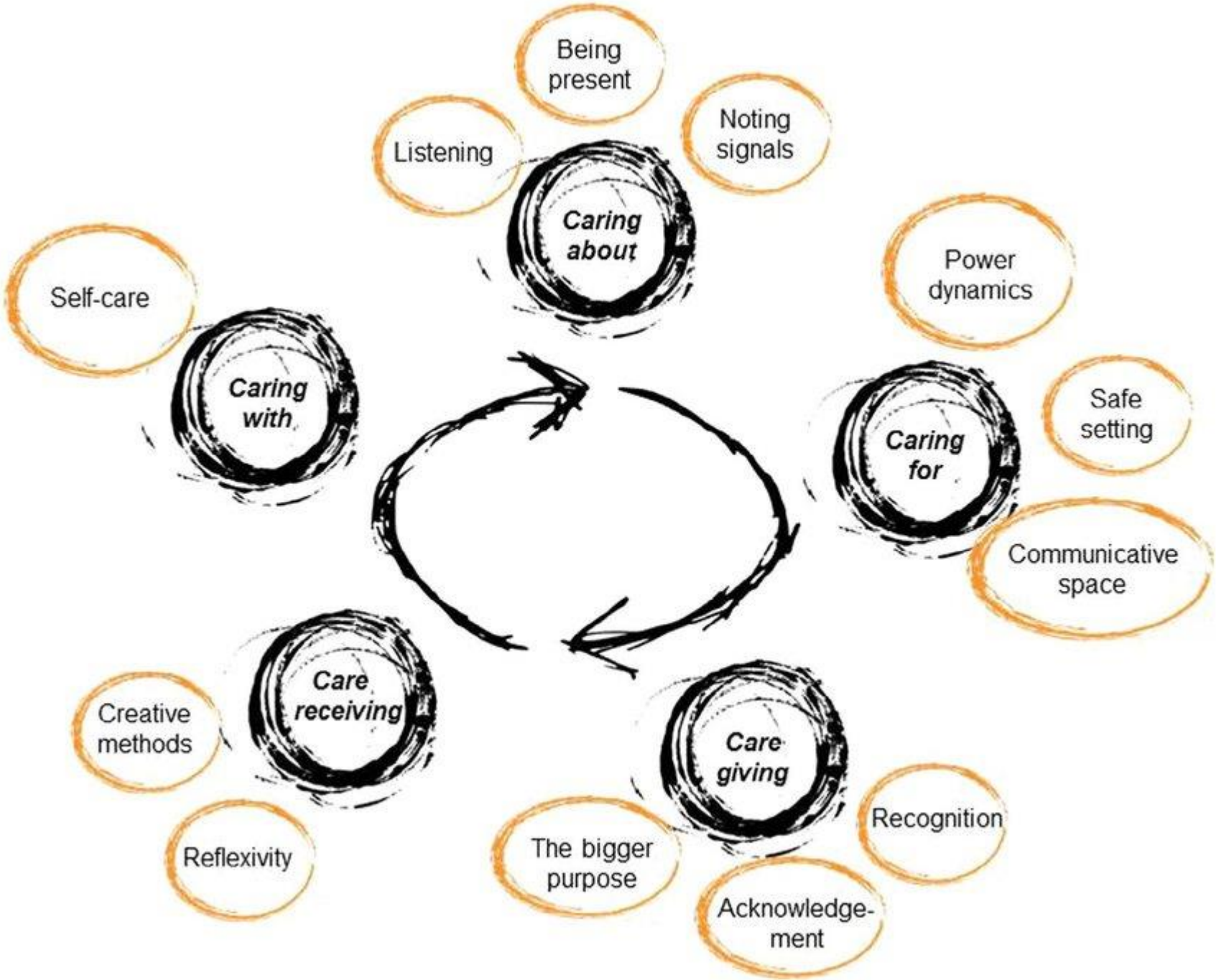
Perspective

You are working ***with*** and ***for*** Aboriginal and Torres Strait Islander peoples.

You are a co-designer
exchanging knowledge
with Aboriginal and Torres Strait Islander peoples.

You are working *with* and *for* Indigenous people to assist them in ***self-determining and elevating*** their own program outcomes.

When working *with* and *for* Aboriginal and Torres Strait Islander peoples employ an ***Ethics of Care***.

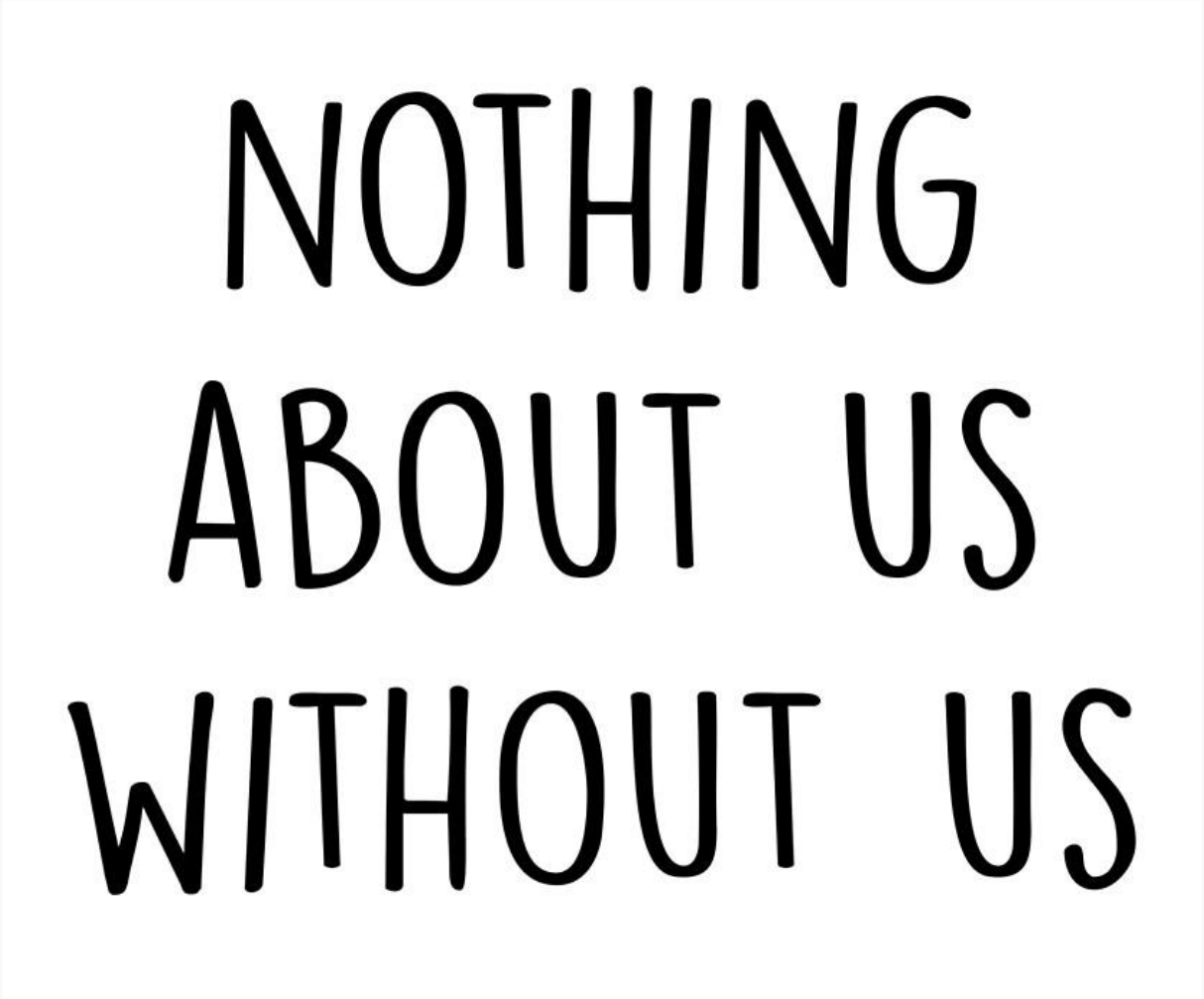


(Groot et al., 2019)

Activity

Reflect back on a recent project. Identify two ways that you employed an Ethics of Care.

Voices Throughout

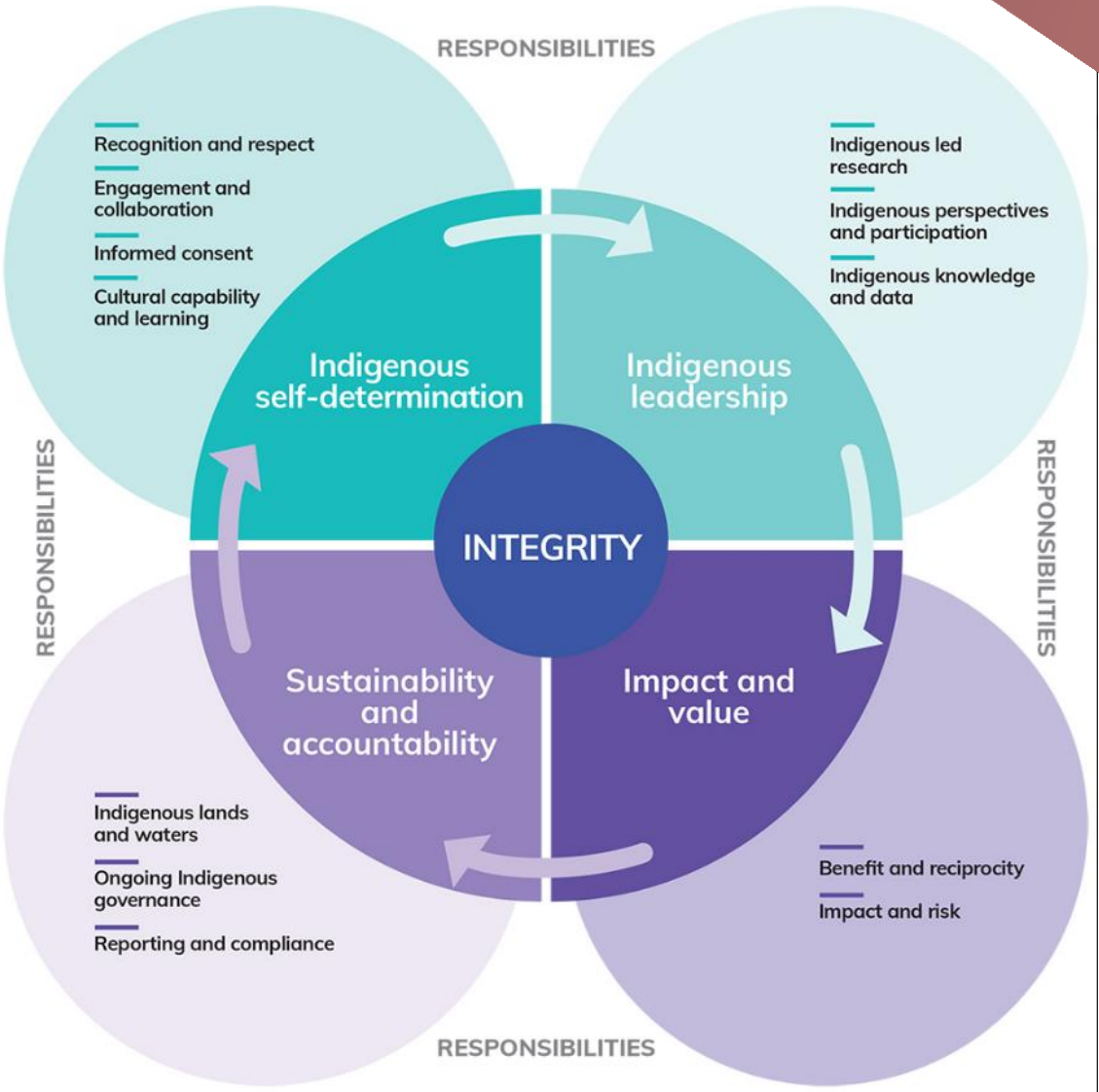

NOTHING
ABOUT US
WITHOUT US

Indigenous Voices Throughout

Customer vulnerability protocols and guidelines can be organised into four elements :

Community engagement
Benefits
Sustainability and Transferability
Building Capabilities

National Health and Medical Research Council, 2023



AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research , 2020

Indigenous Voices Throughout: Community Engagement and Collaboration

Meaningful community engagement **prior to commencement**, demonstrating that the program and its potential outcomes are a **priority** to the community.

Ongoing community engagement **throughout** the program in accordance with local protocols of the community.

Evidence that the methods, objectives or key elements of the program have been **formed, influenced or defined** by the community.

- Achieve a **mutual understanding** of all elements, including how the community will have input/control over the research process and outcomes across the life of the program

Adapted from NHMRC, 2023 and AIATSIS, 2020)

Indigenous Voices Throughout: Benefits and Reciprocity

Articulate the **potential benefits** (both intermediate and long term, direct and indirect) to Aboriginal and Torres Strait Islander people

Does the program demonstrate that the benefit(s) of the project have been **determined or guided** by Aboriginal and Torres Strait Islander people, communities or organisations themselves?

Benefits can be tangible or intangible and could include, among other things:

- Improved wellbeing and access to systems and resources
- Employment or training
- Access to data and results
- Educational resources

Adapted from NHMRC, 2023 and AIATSIS, 2020)

Indigenous Voices Throughout: Impact, Risk, Sustainability and Transferability

Will the outcomes have a **positive impact** on Aboriginal and Torres Strait Islander peoples, which can be **maintained** after the study has been completed?

Do all parties have a **shared understanding** of the potential impacts and risks of the program and how these will be **monitored**?

What is the approach to **knowledge translation** and **exchange**?

Translation includes "reporting to Indigenous partners and contributors should be in a form that is culturally appropriate, useful and informative." (AIATSIS 2020, Section 4.4a, p. 23)

Indigenous data sovereignty (Walters, 2018)

"Indigenous people have the right to manage the creation, collection, analysis, interpretation, management, storage, dissemination, access, re-use, disposal of and access to their data." (AIATSIS 2020, Section 4.3, p. 22)

Adapted from NHMRC, 2023 and AIATSIS, 2020)

Indigenous Voices Throughout: Building Capabilities

How will Aboriginal and Torres Strait Islander people and/or communities benefit from **capability development**?

May include employment in the program or training

How will the program develop the capabilities of the **program team and key stakeholders** to uplift their understanding/engagement of Aboriginal and Torres Strait Islander peoples?

Adapted from NHMRC, 2023 and AIATSIS, 2020)

Discussion


Thank you