

Health promotion, the new public health and population health – are they coterminous?

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Dr Niyi Awofeso¹ provides a useful contribution to the discussion of the definition of health promotion we presented in the recent issue of the journal.²

1. It was not our intention to define the new public health (NPH) despite our definition being consistent with some descriptions of the NPH.^{3,4} Nor do we agree with the statement that “health promotion is generally regarded as the new public health”. We prefer to avoid using the term ‘new public health’ as it is too easily confused with ‘traditional public health’. The ‘new’ public health as a term has been used since 1916, where

it was announced that preventive medicine was the new public health.⁵ While declarations that there is a new public health have been made with regular consistency since then, there have also been significant declarations which have advanced the concept of health promotion.

According to a recent Commonwealth Government report, population health is now the preferred term to the new public health.⁶ Although our definition of health promotion has consistencies with common descriptions of population health, we see the latter as broader than health promotion *per se*. As well as all the dimensions of health promotion it involves many of the other components of ‘traditional’ public health, including health protection (incorporating environmental health and sanitation) and health services. It is worth noting that the recent experience of the UK and Canada is that the trend towards the fracturing of health promotion has resulted in loss of resources and disempowerment of health promotion practitioners.^{4,7,8} This is a trend we should seek to prevent in Australia.

2. As implied in our article, the philosophical basis of our definition of health promotion is influenced by the conceptual and theoretical work of researchers such as Green and Kreuter in the USA⁹ as well as from the international influences of the World Health Organization (WHO), particularly via the Ottawa Charter and the Jakarta Declaration.¹⁰⁻¹² Indeed, our definition continues to be influenced by international evidence in the field reflecting the continued development of the practice of health promotion. Recent influences, for example, come from the social determinants of health literature,^{13,14} reinforcing earlier WHO rhetoric.^{11,12}

Health promotion is an eclectic approach to health enhancement in that it is not influenced or guided by any single theory. We agree that health promotion is grounded in many theories of process (and purpose!). An extensive literature is now available that provides excellent examples of theories that are relevant to health promotion.¹⁵⁻¹⁸ We also contend that the purpose of health promotion is well documented and grounded in concepts such as social justice and equity.

3. We agree that health protection is not part of our definition of health promotion, but belongs within the broader public health. The documents of the late 1970s and early 1980s produced by the US Government defined health protection as a separate but complementary entity to health promotion.¹⁹⁻²⁰

4. We agree about the desirability of setting boundaries or limits to the scope of health promotion. Health promotion cannot be expected to be the complete solution to all complex health issues, such as health inequalities. It is only one, albeit an important process, that must be harnessed along with other components of public health and other multidisciplinary approaches.

We also concur that agreement on core health promotion

activities should influence a unified definition of health promotion. Specifically, we believe that the identification of core health promotion competencies is an important part of this process. Recent work in Australia on health promotion competencies has been considered in the formulation of our definition.²¹

We agree it is important to ensure ongoing review and modification of definitions of health promotion to reflect current practice. Our definition was developed to reflect the comprehensive nature of health promotion practice in Australia. However, we also acknowledge that we need to remain realistic and pragmatic and not become preoccupied with the philosophical rhetoric that it distracts us from getting on with our health promotion work in the community and other settings.

The diverse nature of health promotion practice throughout the world, and indeed within Australia, along with the multitude of forces that have influenced its development, make complete consensus for a universal definition of health promotion a challenge. However, unity about its main components will lead us closer to a more unified definition.

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