Framing prevention: Response to Fry, Gleeson and Rissel

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In a recent HPJA article, Fry et al.[1] responded to commentary that we had published earlier in this Journal on the role of secondary prevention of diabetes in health promotion.[2] We were encouraged that our paper stimulated constructive debate, and in this spirit we reply.

The premise of the Fry et al. paper is to challenge our supposed assertion that health promoters should conduct secondary prevention programs at the expense of primary prevention. Rather, we caution the field not to ignore secondary prevention at a time when prevention has attracted more than a billion dollars of investment through the Council of Australian Governments (COAG).[3-5] We argue: "By not engaging, health promoters run the risk of not having a seat at the policy table and ... increase the chance that secondary prevention programs draw resources away from primary prevention".[2(p.87)] We do not state that health promoters should divert efforts away from primary prevention, rather that the field should influence the strategic development of secondary prevention to ensure these investments are not wasted through poor design, targeting and rollout.

Framing prevention and the policy making process

Fry et al. contend: "Milat et al. state that the view that social determinants are the only valid health promotion response is not without its risks. This seems to imply that awareness of social determinants of health is one possible health promotion response of many that could be selected. We believe the social determinants of health are central to understanding how health is created."[1(p.88)]

We agree with these sentiments, but feel it naive to think that the social determinants 'frame' is universally understood or accepted by those who have influence over health, social and economic policy in Australia.

The field is ill-advised to apply a single 'frame' to health advocacy. To illustrate, when asked about health advocates former federal Health Minister Michael Wooldridge stated: "In many cases public health advocates feel so passionately about the correctness of their cause that they just can't understand why others can't see the justice of their case... Perhaps because of this, the number of public health people who have had a major influence on me is quite small."[6(p.20)] A more flexible approach that applies many different 'frames' to health promotion action can indeed yield results. For instance, recent increases in prevention funding through COAG[3-5] were in large part driven by notions that preventing chronic disease can result in improved workforce participation and productivity.[7,8] Ironically, an 'economic rationalist' frame has driven unprecedented investment in prevention.

The risk-factor frame

Fry et al. cite: "Many practitioners remain structured and socialised within the risk-factor domains of the late 1970s."[11(p.291)] Despite a greater focus on social determinants, the risk-factor frame remains the predominant frame used by politicians, governments and funding bodies as demonstrated by current national health priorities,[9] recent COAG reforms[3-5] and issues covered by the proposed National Preventative Health Agency.[10]

Addressing social determinants needs a paradigm shift in how government does business, requiring 'joined up' government,[12,13] which can only be adopted when key influencers are convinced of its merits. To illustrate, Minister Wooldridge said of effective advocates: "… they all made their advocacy in positive terms rather than negative terms …health advocacy seems largely focused on making people feel bad. It's not particularly successful".[6(p.20)] What this quote illustrates is that to have influence health promoters should where possible use positive and targeted advocacy, otherwise advocacy can potentially be counter productive. The challenge for the field and research community is to provide examples of rigorously evaluated effective social determinants interventions and to appropriately frame a call to action that can be practically implemented by government.

Finally, an outright rejection of the risk factor paradigm as implied by Fry et al. could result in a misalignment of health promotion activity and funding streams and a loss of political capital. By effectively implementing evidence-based equity-focused programs, health promoters gain credibility and are better placed to raise social determinants of health in whole of government, industry and community fora through which broader societal changes can be debated and adopted.

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