Looking forward, we have been considering the role of the journal into the future, so our thinking has been naturally drawn to the needs and challenges for the field of health promotion. These include the continuing and growing inequalities in health within populations, shown most clearly by the poor health status of Indigenous people and the health needs of marginalised groups like refugees and asylum seekers.

We see the Journal as contributing guidance to the field about effective strategies to improve health equity. There is the growing burden of diabetes and other continuing and serious illnesses, the questions here concern the policy and upstream actions that will be beneficial at the population level.

The journal also has a valuable role to play in relation to the theory and practice of partnerships and participation in health promotion and addressing important questions about how we can best build cross sectoral capacity for health promotion.

No doubt there are other important issues that readers can identify. Our intention is that through editorials, invited papers, theme issues and the use of the letters section for debate and ideas sharing, the journal is not only relevant, but also at the cutting edge of research and practice. Our hope is that it serves to advance the quality and impact of health promotion across all of its research, practice and policy domains.

To conclude, we can say that we are very pleased to be working with the experienced team at our publishing house, Substitution, who are slowly but surely whipping us into shape as editors. We have been fortunate to attract a wonderfully diverse and skilled group of editorial advisers and we are looking forward working with you to achieve the continued success of the Health Promotion Journal of Australia.

The 2020 Summit: Messages for health promotion

Helen Keleher

The 2020 Summit held at Parliament House on 19 and 20 April 2008 was convened by the Prime Minister Kevin Rudd with the intention of shaping a long-term strategy for the nation’s future. The Summit brought together 1,000 people from across the nation to debate options for long-term challenges confronting Australia’s future. I was fortunate to be selected to join the Health Stream titled: ‘Towards a long-term health strategy’. Debate and discussion between participants began two weeks before the Summit via 2020 website blogs set up for sharing of early ‘big ideas’. This informed the Stream Chairs in their working up of themes which formed the working groups during the Summit.

For me, being a participant in Australia’s 2020 Summit was an inspiring experience – to work alongside people filled with optimism and focused on the future is a rare opportunity. Logistically, the whole event was extremely well-organised, with a good balance between formal sessions and networking breaks that enabled conversations between people from other streams. The atmosphere was uplifting and often moving. I will always remember the comments from Indigenous friends and colleagues about how they felt able to sing the National Anthem during the Summit opening ceremony with pride and a sense of belonging for the first time.

The final session was also a highlight. In pairs (the Stream Chair and the appropriate Minister) reported back on the work from their stream - their ‘big ideas’ (no more than five) and their policy proposals (one of which had to be cost neutral). Then, by 3pm on Sunday, the draft report, containing the proposals of all the groups, was presented to the Prime Minister Kevin Rudd, in a bound document. We all realised how much had been achieved in such a short time – how well the groups had worked together and just what can be done when there is a strong willingness to tackle big issues and develop solutions.

The final report of the Australia 2020 Summit is available from the website (http://www.australia2020.gov.au/). From the perspective of health promotion, the chapter reporting on the health stream is worthy of some examination. Of course, it should be noted that neither the Summit nor its report have the weight of policy or strategy – the Summit was a weekend of discussions and the report is a record of those discussions. Nonetheless, if the Summit did indeed catch the pulse of a nation, then it is illuminating to ask, how is health promotion represented in the report and what messages can be discerned from the Summit, for the field of health promotion?
Health promotion ideas were prominent in three of the four working groups of the Health Stream through the language of ‘healthy lifestyles, health promotion and disease prevention’. For example, “By 2020 we will have achieved a healthier lifestyle, through universal access to a clever, wellness-focused, evidence-based system with due regard to the environment in which we live” (p 120). Another ambition was that “By 2020 Australia should aim to become the most healthy, health literate, physically active and health conscious nation” (p 120). Much of the intention was focused on individuals but at a policy level. Ideas about health impact statements were identified as well as intersectoral activity expressed as “greater links between health and all sectors” (p.120) and the imposition of taxes on junk food. Interdisciplinary education about ‘wellness’ was seen as a priority, through a “clever health system in integrating health professionals and health services and helping them participate in the wellness area”, (p.125) though I think we should question this language. Just learning about wellness is insufficient for participation and engagement with the change processes that are required for the kind of healthy nation that is envisaged by 2020 – health professionals will learn a great deal more from health promotion knowledge and skills that are used to create wellness.

The working group on ‘Health Inequalities’ is written up in the report as prioritising ambitions for a system focused on prevention, health and wellbeing; for a person- and family-centred health system with collaboration across disciplines. The major priority for this group was for equivalent health outcomes for all Australians with a particular focus on closing the gap in life expectancy between Aboriginal and Torres Strait Islander people and the wider Australian population.

A concern I have is whether the emphasis on a prevention-focused system is sending a message that health promotion is not seen as encompassing prevention, framed as is tends to be in individualistic terms rather than at multiple levels in which the determinants of health are addressed and encompassing empowerment, community development, health equity, intersectoral collaboration, and socio-ecological/environmental approaches. The slippery slope where prevention and promotion are interchanged is also drawing in the term ‘wellness’ which seems to be increasingly used as a substitute for health promotion – if so, we should actively advocate against these tendencies to ensure wide understanding of a coherent health promotion agenda that is necessary to achieve the ambitions of 2020.

The Summit was just a beginning – there is much work to be done by government and non-government organisations. I see a role for AHPA in providing a unified position paper that demonstrates how many of the ideas from the Summit are central to the field of health promotion and the contributions that a comprehensive health promotion agenda can make to health and equity. Certainly AHPA members have opportunities to shape health promotion agendas around many of the issues which bubbled up during the Summit.