

Health promotion: essential to a national preventative health strategy

**James A. Smith, Suzanne Gleeson, Ian White, Jenni Judd,
Andrew Jones-Roberts, Tania Hanzar, Michael Sparks**

*National Management Committee, Australian Health
Promotion Association*

Trevor Shilton

*Local Organising Committee, Australian Health
Promotion Association 18th National Conference*

Meagan Shand

*National Management Committee, Australian Health
Promotion Association and Local Organising Committee,
Australian Health Promotion Association 18th National
Conference*

In April 2008 the Australian Government announced the establishment of a National Preventative Health Taskforce (NPHT) with the primary function of developing a national preventative health strategy. In October 2008 a discussion paper and three technical reports¹ were released with a call for input from individuals and organisations, professional and consumer groups. This editorial outlines four key issues from the Australian Health Promotion Association's (AHPA) submission:

- the importance of a broad social determinants of health approach;
- clear explanations of 'prevention' and 'health promotion';
- establishing health promotion high on the political agenda; and
- building the capacity of Australia's highly skilled health promotion workforce to strengthen health promotion action across Australia.

The NPHT's discussion paper and technical reports¹ focus on targets relating to three major population health risk factors: tobacco, alcohol, and obesity. Improvement in these three risk factors will contribute substantially to improving the nation's health and wellbeing. However, to achieve outcomes that are equitable and sustainable across populations, a broader social determinants approach is essential to address the underlying individual, social, economic, political, cultural and environmental contexts that enable or hinder action

in preventing obesity, lowering tobacco smoking rates and minimising excessive alcohol intake. Evidence shows that action on the social determinants of health is essential.² We need cross-portfolio action and collaboration to ensure the conditions in which people grow, live, go to school, work, and age are conducive to health. Working concurrently on the social determinants of health and behavioural interventions is important for all Australians, particularly for Australia's Indigenous population. The NPHT has outlined a target to Close the Gap, the 17-year difference in life expectancy between the Indigenous and non-Indigenous population, but a much greater emphasis and a higher profile in the proposed national preventative health strategy is essential to close the gap.³

The NPHT use the terms 'preventative' and 'prevention' with broad explanation but it is unclear how the NPHT plans to operationalise these concepts.¹ This is important because health promotion refers to positive development of qualities, characteristics and actions, whereas prevention conceptually describes stopping or avoiding negative factors and actions. Using these concepts interchangeably underestimates the role and value that health promotion contributes to health and society.⁴ Clearly defined meanings for 'prevention' and 'health promotion', and similarly for 'population health' and 'public health' are essential. The way these terms are defined has important implications for the type of workforce required to do the job well, selection of program strategies, the development of partnerships, and establishing evaluation and performance indicators. The World Health Organization's Health Promotion Glossary⁵ is an authoritative reference for these concepts.

AHPA strongly supports the establishment of an adequately funded national prevention and/or health promotion agency with clear responsibilities to promote health, build health equity, fund and guide the implementation of the NPHT recommendations, invest in health promotion infrastructure, and keep health promotion high on the political agenda. However, the NPHT needs to be explicit about potential models and approaches for a national agency and should describe the agency's role in reorienting systems to support a preventative health agenda. The adoption of a 'health-in-all-policies' approach is one example that acknowledges preventative health action is not only shaped by the health system, but by other portfolios (transport, agriculture, housing, education, etc) as well. Health promotion needs to be afforded visibility and status at the highest level of government and the health system evidenced by leadership, allocation of resources, and effective policies and programs.

Leadership in the form of well-resourced health promotion across government departments with the responsibility to garner evidence, establish arguments, and resource the

development and implementation of policies and programs that support population health, is essential. Models that Australia could well emulate include the Centre for Health Promotion within the Public Health Agency of Canada, and the Swedish Ministry for Public Health.

The NPHT notes that '... a skilled and motivated workforce, especially in public health and primary health care sectors, will be essential to support delivery of health promotion and preventative health measures across the community.'¹ (p44) It is important to also recognise that Australia has a highly skilled health promotion workforce that has developed alongside, and in response to, the international health promotion and new public health movements. Members of this workforce usually have undergraduate and/or postgraduate qualifications in health promotion, public health or the health sciences. AHPA considers that the establishment of a national health promotion agency would build the capacity of this workforce to strengthen health promotion action across Australia. A goal of this agency should be to increase the number of Aboriginal and Torres Strait Islander workers in health promotion.

Health promotion research and evaluation evidence has been instrumental in guiding the work of the NPHT. Health promotion research places an emphasis on intervention effectiveness, knowledge transfer, and a practical application of results to inform policy development and shape health promotion programs at local, state and national levels. To build a more robust evidence-base, ongoing investment into health promotion research and evaluation is required.

AHPA hopes that the recent National Health & Medical Research Council Public Health Review will highlight some of the research issues specific to the Australian health promotion

research context, and that these are used by the NPHT in the development of the national preventative health strategy.

AHPA is planning the development of a statement on health promotion and prevention at its 18th National Conference in Perth – Make Health Promotion a Priority: Evidence, Advocacy and Action (17-20 May 2009). This will be a timely and valuable opportunity for AHPA to consolidate where health promotion fits as an effective, collaborative, active force in the national health agenda.

The full submission can be accessed from the AHPA website at www.healthpromotion.org.au.

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Correspondence

James A. Smith, *Health Promotion Strategy Unit,*
NT Department of Health & Families, Po Box 40596,
Casuarina, NT 0811. Fax: (08) 8985 8016;
e-mail: james.smith@nt.gov.au