

A parliamentary spotlight on prevention

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It can be a disconcerting experience as a health promoter when the question comes up "Sowhat do you do?". In reply you might say: "I manage health promotion projects", or "I am a health promotion researcher". The smile that you receive indicates that your interlocutor likes the sentiment of what you are saying, but the quizzical furrow on her or his brow suggests a lack of certainty about what it is you mean. If you are in the mood you might go on to discuss what health promotion is all about, but the experience serves as a reminder that it is not a widely recognised field of work.

But things may be changing. The reports of the Preventive Health Task Force and the debate around the Australian National Preventive Health Agency (ANPHA) Bill 2009 in Parliament have brought an unprecedented level of attention to our field. The Hansard related to the ANPHA Bill provides a window into how our elected leaders understand health promotion and whether they consider a greater investment in this endeavour to be worthwhile.

Minister Roxon commenced her reading of the ANPHA Bill on 10 September 2009 with the words: "Preventive health measures work".¹ She went on to state: "We currently spend less than two per cent of the health budget on preventive health, and to make matters worse in many respects, current arrangements are fragmented, lack cohesion and focus".² The National Preventive Health Agency would receive funding of \$133m over four years, with \$102m of this allocated to social marketing campaigns and \$13.1m to support preventive health research. The remit of the Agency includes leadership and coordinating functions, facilitating spending of \$692m of the Government's investment in prevention partnerships.

The level of bipartisan support that the Bill received in the House of Representatives offered initial encouragement. Many who spoke in its support identified the rises in obesity, chronic diseases and associated costs as an imperative for action. The past success of initiatives addressing smoking, HIV and traffic accidents were often mentioned, even though a number expressed a view that the contribution of the Agency would be to change behaviours through community awareness and education.

Upon reaching the Senate, the ANPHA Bill met with a different reception. In the words of one Senator: "It seems that very little of this debate has actually focused on when we cross the line of unnecessarily telling people how they should live their lives or unnecessarily instructing businesses on how they should run their businesses".³

From another perspective the proposed Agency was criticised for lacking independence from government, not including consumer representatives on its Advisory Council and being insufficiently funded to achieve sustainable health outcomes.⁴ At the time of writing the ANPHA Bill remains before the Senate having failed to achieve the support needed for the Agency to be established on its target date of 1 January 2010.

To the extent that the debate around the ANPHA Bill reflects viewpoints among elected representatives of the nature and value of health promotion there are suggestions here of ways in which understanding and support for health promotion might be improved. An immediate observation is that the term health promotion has been little used in this discussion. The focus has been on the avoidance of diseases and their associated costs rather than enabling health in its fullest sense, as both a resource for living and a human right. Some fundamental ethical questions have been raised: will the National Preventive Health Agency facilitate greater empowerment or be an instrument for social engineering? While it is possible to recognise the well used arguments of commercial lobby groups here, this does highlight the need for health promoters to advance a coherent, ethical argument that our concerns are with empowerment. Enormous weight has been placed in the discussions on the financial implications of inaction on a range of health challenges, highlighting the agenda-setting value of economic analyses of the benefits of health promotion.

A wider reading of the Hansard reveals little discussion of the relevance of health promotion to broader aspects of government responsibility (e.g. employment, infrastructure, environment, education). Surprisingly, in spite of the attention given to health inequities in the Preventive Health Task Force reports, these have also received little mention in the statements related to the Bill. These essential concerns of health promotion need to be explained, demonstrated and advocated for.

The public discussion of health promotion over the past year hopefully reflects greater recognition of some of the compelling reasons for this to be central to the health agenda. It is an opportunity to be embraced if we want health promotion principles and expertise to make a greater contribution to the nation's health.

References

1. Commonwealth of Australia. House of Representatives. Parliamentary debates (Official Hansard). Canberra: Commonwealth Government Printer; 2009 Sep 10:9205.
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4. Commonwealth of Australia. House of Representatives. Parliamentary debates (Official Hansard). Canberra: Commonwealth Government Printer; 2009 Oct 27:7298-7299.