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## A LETTER FROM THE PRESIDENT

Dear members,

2020 marks 30 years of the Australian Health Promotion Association (AHPA®) and the release of our strategic plan for the next five years. As many of you know, AHPA's origins are in the 1983 Perth ANZAAS Congress. At that time, the planning committee for the Health Education Section of the Congress recognised the need for an organisation that could unify the growing number of people involved in health promotion and health education throughout Western Australia and promote liaison between them. This resulted in the formation of the Western Australian Professional Health Educators' Association (WAPHEA) in 1985. In response to interest shown in the organisation from health promotion professionals throughout Australia, WAPHEA changed its name, and in 1990 was nationally constituted as the Australian Association of Health Promotion Professionals.

It was a time of significant change, though as Jiddu Krishnamurti has been quoted, *"we are second-hand people"* – our actions echo again and again through time. In 1990, Bob Hawke was Prime Minister, Carmen Lawrence became our first female Premier and Treasurer Paul Keating admitted that Australia's economic downturn was "the recession we had to have". Australia's population had exceeded 17 million and the gender wage gap was just under 17%. Bushfires burned in the Adelaide Hills while storms hit Sydney and Cyclones Ivor and Nancy battered Queensland. The VFL became the AFL. The Royal Commission into Aboriginal Deaths in Custody was heading towards its conclusion with more than 300 recommendations made (many which have never been implemented). The determination of facts was handed down in *Mabo v Queensland (No 1)*, paving the way for the High Court decision in *Mabo v Queensland (No 2)* recognising the native title of the Meriam People of the Torres Strait. AARnet was established, providing a blueprint for the internet in Australia, and changing the social and technological face of Australian society. Agreement was reached for the decriminalisation of homosexual acts in Queensland. For the first time women in Australia's defence forces were permitted to participate in combat-related duties and warships left Sydney for the Persian Gulf to enforce the UN embargo against Iraq after its annexation of Kuwait. The Hawke government announced targets for Australia to cut greenhouse gas emissions by 20% by the year 2005. Internationally, Checkpoint Charlie was dismantled and Germany reunified. Nelson Mandela was released from prison and segregation of public facilities was ended in South Africa. Mary Robinson becomes the first female President of Ireland and Britain's Iron Lady, Margaret Thatcher, resigned. Exxon and its shipping company were indicted on criminal charges for the Exxon Valdez oil spill. The IPCC released its first report on the impacts of climate change.

Australia's Health (1990) provides a snapshot of health data and of thinking at the time. Life expectancy had increased and major declines were seen in infant mortality and mortality from heart disease and road injuries. Cancer deaths and suicide rates for young men continued to increase and 'AIDS' remained a concern. The national infrastructure for health promotion and prevention efforts was the National Better Health Program initiated to increase the emphasis on the promotion of healthy behaviour and environments, as well as the prevention of disease. Costs were to be shared between the Commonwealth and the States and Territories, including for intervention projects (largely community based), changes in public policy (particularly in non-health sectors) and structural health services change.

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The AIHW noted that *“it has become increasingly clear that the health of individuals, how they live, the conditions under which they do so, and the structures of society are closely connected. Advances in medical treatment and reduction of financial barriers to health care have not greatly reduced the inequalities in health status that relate to social conditions. ...socioeconomic inequalities dominate any other explanations for these continuing health inequalities...the ability to choose healthy behaviours depends on the social and economic circumstances of individuals. Lifestyle and behaviour based health promotion programs introduced in the 1970s and 1980s have failed to improve the health status or the risk avoidance behaviour of socioeconomically deprived groups as much as those of advantaged groups. This has led to a renewed emphasis on structural approaches to health, health promotion and disease prevention.”*

As the Smiths sang, *“Stop Me If You Think You've Heard This One Before”*.

Larry Green and Marshall Kreuter wrote of Health Promotion as a Public Health Strategy for the 1990s. We moved past the Adelaide Recommendations on Healthy Public Policy endorsed at the Second International Conference on Health Promotion in 1988 and towards the 1992 Sundsvall Statement which called on participants to actively engage in making environments more supportive to health and to examine contemporary health and environmental issues collectively. Everybody's favourite health promotion text, *“Evaluating health promotion: a health worker's guide by Penny Hawe, Deirdre Degeling and Jane Hall* was launched. This text became fundamental to the way practitioners on the ground understood the importance of evaluation (even though 10 years later when reflecting on its contribution, Prof Hawe suggested that it would perhaps have been better if it had never been written given subsequent learning about complexity theory and systems science for effective, widescale impact). Trevor Shilton was AHPA's inaugural national president.

The following year the Health Promotion Journal of Australia (HPJA) would be established and two years later the first Branch of the Association. In 1999 members voted to change the name of the Association to the Australian Health Promotion Association thereby reflecting the more inclusive and broader approach to its work. A new mission statement, objectives, and a new membership structure were developed to reflect the change in direction.

As we transition into our new strategic directions for the Association over the next five years, it is with pleasure that I reflect on some notable achievements which AHPA is contributing to the discipline and profession and more broadly to the public's health. Through the tireless efforts of an engaged membership, active branches and a Board committed to initiatives that address the needs of members, AHPA is leading the way internationally in the professionalisation of health promotion through its National Accreditation Organisation (NAO). We continue to build the evidence base for the health promotion discipline through the HPJA. The HPJA not only gives voice to practitioners who are contributing evidence for health promotion, it enables AHPA to be confident about the veracity of its approach, supported by a literature which points to the valuable aspects of health promotion initiatives, community needs and lessons of effectiveness to guide future investment. We are taking bold steps to trial a Community Health Ethics Board (CHEB) in response to contemporary evidence, as well as ongoing frustrations about the impact of well-meaning but poorly construed initiatives labelled 'health promotion'. We continue to support state, national and international advocacy efforts across a range of important health promotion issues including prioritising health promotion in national health policy, increasing expenditure on prevention and issues based advocacy across a range of domains influencing health and social change. We are making strides to ensure the Association is culturally secure and supports diversity and inclusion. We continue to

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provide our members opportunities to build their skills and knowledge to more effectively conduct their work. All of this activity is achieved largely by volunteers and within a landscape of decreased funding, increasing competition, low visibility and in a crowded, tertiary focused health arena.

AHPA's existing assets like the HPJA, emerging strengths like the NAO and innovative investments such as the CHEB have never been so strategically significant. This is because we are now more aware of just how complex the circumstances by which human health is influenced. Feedback from members reinforce to the Board that AHPA still has an important role to play in advocacy with our partners and ideologically aligned professions within and outside of the health sector to shift the discourse and shape action around climate and health. Key health promotion and population health meetings such as our conferences, symposiums and congresses consistently highlight the influence of the commercial determinants of health and our need to tackle these. Health inequities and inequalities persist, but we are learning more about their drivers as well as the levers we can pull to shape healthy public policy which will see a fairer, more just society.

*"There is nothing new in the world except the history you do not know"* (Harry S Truman). While many of the challenges we face as health promotion practitioners and as an Association have remained unchanged over the past 30 years, the persistence of the health promotion community has led to advancements in knowledge, new practice methods and evidence of impact. Our Association values and commitment endure, our vision continues to guide us and agreed priorities continue to be implemented.

On behalf of the Board, I commend to you the Australian Health Promotion Association Strategic Plan 2020-2024. We would like to take this opportunity to thank all those who have contributed including our members and stakeholders. In particular we would like to acknowledge members of the initial working group, Dimitri Batras, Janice Lane, Jo Walker and Lorena Chapman for your significant efforts in progressing the Plan. We are also grateful to members of the previous and current Board for their stewardship of this project.

We present this plan with great hope and belief that AHPA, with its growing membership and allies is well positioned to adapt its approach within the increasingly complex landscape that presents. We look forward to working towards the achievement of the directions set out in the Strategic Plan and towards our vision of a healthy, equitable Australia. With you, we look forward to celebrating and reflecting on the past 30 years and looking with confidence to the decades to come.

Warmest regards,

*Gemma Crawford*  
President