



Australian
**HEALTH
PROMOTION**
Association

A Federal Treasury Pre-Budget Submission

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INTRODUCTION

The Australian Health Promotion Association Ltd (AHPA®) is the peak body for health promotion in Australia. AHPA advocates for the development of healthy living, working and recreational environments for all people. Through our work we support the participation of communities and groups in decisions that affect their health.

Australia is one of the healthiest countries in the world. This is largely because of effective public health and its core services – protection, prevention and health promotion which includes action to create and support the social and environmental conditions that enable Australians to enjoy a healthy and happy life. We are now more aware than ever of just how complex the circumstances are by which human health is influenced – policies and actions shaped by the unfair distribution of wealth, power and resources, both locally and internationally. We are also more cognisant of the range of skills and practices required to enhance individual and community capacity and act to address those forces that lead to health inequities - the unfair and avoidable differences in health status seen within and between countries. **Health promotion's role has never been so significant.**

Despite some positive recent commitments, it is our observation that governments continue to prioritise treatment over prevention approaches for health and wellbeing in Australia. This is despite the strong evidence base to support health promotion measures and the recent experience of local and global public health challenges responding to the COVID-19 pandemic. We acknowledge the critical need for sufficient resourcing for secondary and tertiary healthcare. However, greater allocation of resources to orient our policies, systems and services towards addressing the structural determinants of health equity is vital if we are to achieve meaningful change in relation to Australia's health.

About Us

Incorporated in 1990, AHPA is the only professional association specifically for people interested or involved in the practice, policy, research and study of health promotion. Our member-driven national Association represents over 1000 members and subscribers and is governed by a Board at the national level with operational branches representing all states and territories. Membership of AHPA is diverse, and includes designated health promotion practitioners, researchers and students, as well as others involved in promoting physical, mental, social, cultural and environmental health, whose primary profession or area of study may be something different, but whose responsibilities include promoting health. Members represent a broad range of sectors including health, education, welfare, environment, transport, law enforcement, town planning, housing, and politics. They are drawn from government departments and agencies, universities, non-government organisations, community-based organisations and groups, private companies, and students.

Our activities include: national registration of health promotion practitioners for the International Union for Health Promotion and Education (IUHPE) in Australia; national health promotion university learning and teaching network; early career support; national and local conferences and events; a tri-yearly Population Health Congress (with partners: Public Health Association of Australia, Australasian Epidemiological Association and Australasian Faculty of Public Health Medicine); a website providing professional and membership information; a national listserv providing members with sector news, employment, advocacy and events information; stakeholder and member communication across a range of platforms; advocacy action; strong partnership working with a range of organisations; awards; traineeships; mentoring; scholarships and bursaries; and the Health Promotion Journal of Australia, which has a strong focus on health equity and participation by First Nations people.

Our Vision

A healthy, equitable Australia.

Our Purpose

Leadership, advocacy and workforce development for health promotion practice, research, evaluation and policy.

Our Principles

- Ethical practice - Supporting culturally informed, participatory, respectful, and safe practice.
- Health equity - Addressing the sociocultural, economic, political, commercial and ecological determinants of health in order to build health equity.
- Innovative and evidence informed approaches - Promoting and supporting evidence informed research, policy and practice.
- Collaboration - Working in partnership with other organisations to improve health and wellbeing.

Our Strategy

1. Promote our profession and members
2. Advocate for health promotion
3. Build professional capacity of AHPA members
4. Support career pathways in health promotion
5. Promote equity, diversity and inclusion
6. Provide responsible and sustainable governance and management

Detailed actions to achieve the strategy can be found in our [Strategic Plan](#) document.

Achieving change

Our submission suggests areas of focus for the forthcoming budget to support a healthy, equitable Australia. Key recommendations relate to resourcing to support the:

- **Implementation, monitoring and evaluation of, the National Preventive Health Strategy 2021-2030.**
- **Timely establishment of an Australian Centre for Disease Control with a strong focus on health promotion**
- **Enhancing the Australian Health Promotion and Prevention Workforce**
- **Action on the forces that shape health**

AHPA also supports relevant public health and social policy recommendations of key organisations of which the Association is a member such as the Public Health Association of Australia and the Australian Council of Social Services, and we refer you to their key policy measures. AHPA would like to specifically highlight its support for the principles and intent of the Uluru Statement from the Heart and a strong First Nations Voice. Achieving health equity is necessary but insufficient – policy must be directed towards self-determination and sovereignty. Additional funds to support community-controlled health services and research institutes and workforce training for Aboriginal and Torres Strait Islander health promotion practitioners are critical. AHPA supports greater resources towards the National Aboriginal Community Controlled Health Organisation and its partners and affiliates and the work of the Lowitja Institute. AHPA also recognises that the health of people and populations cannot be separated from the health of the planet. AHPA applauds Commonwealth commitment to a new health and climate strategy and sustainability unit. We seek to ensure Commonwealth resourcing for Climate and Health Alliance to support and monitor this work and provide independent and evidence informed advice to governments across the spectrum of health from health promotion to prevention and tertiary healthcare.

Consistent with evidence, revenue sources for measures can come through increased levies on unhealthy products and industries (e.g. tobacco, alcohol, sugary drinks, gambling, resources) that cause significant health harms as well as [taxation reform measures](#) which consider equity in income taxation for individuals and companies to support broader social inequities (e.g., reducing tax breaks for wealthy individuals and companies). Key research and organisations such as the World Health Organization [highlight the benefit of measures such as excise taxes](#) to promote health because they change the price a harmful product relative to other goods and can be increased over time.

Further information about each of these priorities is outlined below. More about our vision for a healthy, equitable Australia can be found in our [Health Promotion and Illness Prevention Policy](#).



Dr Gemma Crawford
President | Australian Health Promotion Association

Implementation, monitoring and evaluation of, the National Preventive Health Strategy 2021-2030

Effective health promotion and illness prevention interventions can improve short- and long-term health outcomes. Some activities have been found to be cost-saving, but most generate flow-on benefits – such as reduced burden on health care – which provide positive returns for public investment. For example, public health interventions return an average of \$14.30 in benefits for every \$1 invested¹. Such interventions contribute to national economic and social productivity by increasing the number of years that Australians remain in good health. Better health, wellbeing and equity will enhance Australia's social and economic progress and can contribute to reduced absenteeism and presenteeism.

Australia has a strong but inconsistent history of action to promote health and prevent illness². Recently we have lagged behind other Organisation for Economic Co-operation and Development countries in terms of relative investments.³ Investment in health promotion and illness prevention is a critical enabler for health and wellbeing but needs to be sufficient, consistent and coordinated. Positively, the Commonwealth has committed to investment in preventive health, rising to 5% of total health expenditure across governments by 2030. However, a greater quantum of funds is needed now – waiting until 2030 will not achieve the proposed targets. Effective health promotion and illness prevention requires multiple complementary evidence-informed strategies. These include health promoting policies, health promoting environments and health promoting skills and knowledge. However, there is still a lack of funded programs to achieve this. Implementation is where the rubber meets the road. AHPA calls for strong implementation and funded programs. Funding could be instituted through a national partnership agreement for widescale roll out of evidence-informed health promotion interventions.

The Commonwealth reportedly invested \$1.9 million in 2021-22 to build the NPHS foundations and advice suggests it will monitor and report on progress towards NPHS targets. [An early priority was the development of a Blueprint for Action to guide the implementation of the strategy](#). To date, little information has been provided about progress. Budgetary commitment to accelerate blueprint development, implementation and reporting is called for. In addition, support for rapid implementation of tangible actions against other commitments currently under development (evidence-based prioritisation framework, analysing the current public health workforce, and developing consumer engagement and health literacy strategies) is warranted. The establishment of a national office for health promotion and prevention (or ensure its embedding in the new Australian CDC) could support the NPHS and enact responsibility for effective health promotion across infectious and non-communicable diseases and injury, mental health and the determinants of health. We call for the establishment of a new ministerial advisory group with greater representation from groups with a focus on health promotion, primary prevention and determinants of health (including groups funded under the Health Peak and Advisory Bodies Program).

Evidence, research, evaluation, quality data and monitoring are essential tools for an effective portfolio of health promotion and illness prevention programs and policies. The contribution to prevention and public health research through the Medical Research Future Fund is positive. However, funding should have a stronger focus on health promotion and primary prevention activities (rather than secondary or tertiary strategies) along with research into the wider determinants of health and health inequalities and return on investment (fiscal and social) of health promotion and prevention strategies. To complement the NPHS, resources should be committed to a national health promotion research strategy. This should include resourcing to measure and report on health promotion and illness prevention indicators. Measuring expenditure progress is critical. Currently expenditure on public health covers a wider range of areas. Data needs to be disaggregated so assets for prevention can be more clearly identified. Determining a real increase in commitment to prevention is vital.

¹ Masters R, Anwar E, Collins B, Cookson R, Capewell S. Return on investment of public health interventions: a systematic review. *Journal of Epidemiology and Community Health*. 2017;71(8):827-34.

² Smith J, Crawford G, Signal L. The case of national health promotion policy in Australia: where to now? *Health Promotion Journal of Australia*. 2016;27:61-5. <https://onlinelibrary.wiley.com/doi/full/10.1071/HE15055>

³ Jackson H, Shiell A. Preventive health- How much does Australia spend and is it enough. Canberra: Foundation for Alcohol Research and Education. 2017. <https://fare.org.au/preventive-health-how-much-does-australia-spend-and-is-it-enough/>

Timely establishment of an Australian Centre for Disease Control with a strong focus on health promotion

AHPA has advocated for an Australian Centre for Disease Control (CDC) for several years, with a particular focus on the need for a central role for health promotion. [AHPA has contributed to the recent consultation into the scope, function and monitoring of an Australian CDC](#) and the Health Promotion Journal of Australia [published an editorial on the importance of health promotion in an Australian CDC](#). Our commentary provide insight into the type of budgetary expenses required for an appropriately resourced Australian CDC that incorporates focus on infectious and non-communicable disease control and prevention as well as broader determinants of health and structural determinants of health inequities.

We reiterate here some key points to consider in this budget.

It is important the Australian CDC comes with significant ring-fenced, long-term investment and sufficient research and evaluation support to ensure accountability, sustainability and the greatest impact on the health of Australians. A national hub and spoke model is recommended, with consideration for and no duplication of the work undertaken by state and territory governments. We call for this budget to provide a greater quantum of funds to expedite establishment of the Australian CDC and a sufficient start up budget to deliver early and quick wins that respond to needs identified over many years by the broader public health community.

As part of the Australian CDC, we believe funding allocated to an appropriately trained workforce and include several specialist positions including health promotion is critical. Previously the Commonwealth supported tertiary training in public health through models such as PHERP (the Public Health Education and Research Program). The Australian CDC can play a role in the reestablishment in such a national program including investigation of Commonwealth supported places for postgraduate public health programs (with a strong focus on health protection, illness prevention and health promotion) and accelerated pathways to practice are important to future proof the workforce (more on the workforce is in the subsequent recommendation). The Australian CDC could also be responsible for a national public health officer training program which focuses on the broad range of skills required for contemporary public health practice and complementing but not replacing existing jurisdictional programs or programs established through the Australasian Faculty of Public Health Medicine.

Funding for an Australian CDC should be incorporate the investigation of applying a Health in All Policies (HiAP) approach which is a recognised methodology to addressing the determinants of health and is being implemented globally to drive multi-sectoral action, including to address the UN Sustainable Development Goals. There have been recent calls to make HiAP more palatable to governments by highlighting the approach as [bidirectional \(health for all policies\) where both the health and other sectors benefit from relationships](#). This requires a budget that addresses health across multiple departments and funding for initiatives to foster intersectoral working.

AHPA believes strongly in meaningful involvement of those with lived experience, led by people with lived experience in the design of the Australian CDC. Sufficient budget and time are required to effectively engage communities to ensure co-production, empowerment and self-determination⁴. In addition, AHPA calls for accountability. Budgetary expenses alongside regular monitoring and reporting of the Australian CDC activities should be made publicly available with the opportunity for review and feedback by sector stakeholders.

⁴ <https://iap2.org.au/resources/spectrum/>

Enhancing the Australian Health Promotion and Prevention Workforce

The role of health promotion has been highlighted throughout the COVID-19 pandemic which supports the need for a well-trained and resourced health promotion and illness prevention workforce. Literature on the public health workforce [situates 'health promotion' as part of the broader interdisciplinary public health system](#). The health promotion workforce comprises organisations and individuals responsible for planning, development, implementation, and evaluation of health promotion policies and projects using various strategies within a socioecological framework and with a focus on comprehensive multi-level action across the determinants of health.

A three-tiered conceptualisation of the workforce is useful:

- Core practitioners: health promotion practitioners and specialists likely to hold a relevant degree and have demonstrable experience working in health promotion. They would be Registered Health Promotion Practitioners or be eligible for registration.
- Wider health promotion workforce: health and community services workers whose role includes some health promotion activities.
- Influencers of social determinants of health: broader workforce whose primary role is not health but whose policies and programs significantly impact health equity and the determinants of health.

Enhancing workforce capacity requires planning, supportive systems and infrastructure, standards, accreditation and ongoing training. The forthcoming budget needs to invest in the growth of our Australian Health Promotion and Prevention Workforce at all levels. This aligns with the objectives of the [National Health Preventive Strategy \(NHPS\)](#). The NHPS identified 'enabling the workforce' as a key principle, noting that "*Future public health workforce planning is vital, as is increasing the capacity and capability of the overall health workforce*" (p38). The goal is, by 2030, a public health workforce, including health promotion, with enhanced availability, distribution, capacity and skills. The Commonwealth has engaged with AHPA to advise on how this 'future proofing' can be achieved. We ask the Commonwealth to allocate appropriate funding to support this aspiration.

In 2022, AHPA, in partnership with Wellbeing SA⁵, undertook an [evidence-informed review to support the development of a Health Promotion Workforce Strategy](#). This review identified four themes and made sixteen recommendations. Some recommendations are more appropriate to be implemented by States or Territories. However, others can be led and coordinated by a national 'connected' organisation (e.g. AHPA). We strongly believe that health promotion and prevention requires a workforce strategy that is aligned to and complements a national public health workforce strategy.

Specific recommendations regarding a Health Promotion and Prevention Workforce Strategy include:

- establishing an advisory committee to provide advice on the strategy development and develop a consultation strategy covering the broad health promotion workforce
- holding discussions across the country to fund a health promotion workforce survey which would complement existing efforts to quantify and describe the public health workforce.

Like other health professionals, [registration of specialist health promotion practitioners, via the International Union for Health Promotion and Education \(IUHPE\)](#), supports workforce quality and credibility. Importantly, investment in undergraduate and postgraduate education courses ensure supply. Additional support is required to accelerate accreditation of tertiary courses and individual practitioners and institute health promotion as a specific profession in employment awards and processes.

Specific recommendations include:

- supporting a study of the Aboriginal and Torres Strait Islander health promotion workforce
- resourcing a marketing and promotion program for health promotion practitioner registration, including with employers and engagement efforts with government awards to ensure health promotion is protected as a key health profession.

⁵ Wellbeing SA was established in 2020 to lead system change to support health and wellbeing and embed prevention across the life course

Action on the forces that shape health

Overall, Australians have generally good health, but serious inequalities persist. Good health is not evenly distributed across the population. Some demographic groups experience disproportionate burden of disease leading to differences in health, wellbeing and longevity. There are significant differences in the way in which individuals and communities' access and use resources which influence their health and wellbeing. Social and economic contexts can both cause and compound poorer health outcomes, or conversely, create conditions in which individuals and communities can flourish. Despite overwhelming evidence, governments have continued to channel resources downstream - addressing health crises rather than tackling determinants of poor health at their source – upstream. An agenda of personal responsibility and victim blaming for “unhealthy” “behaviours” and “lifestyles” persists in health policymaking.⁶

To date, progress, and action to address the social determinants of health and the structural determinants of health equity has been relatively piecemeal. However, when in Shadow Government, Labor provided strong support to act on the social determinants of health. We call for specific funding to demonstrate a recommitment to action on the social determinants of health via a mechanism inside Government in partnership with the non-government sector (such as re-establishing the former social determinants of health alliance – which could be expanded to something like Action on Determinants of Health Alliance, incorporating action across social, ecological, commercial, political, cultural, behavioural and economic determinants) to institute action and report on progress.

Political decisions have a significant impact on population health outcomes. Governmental policies impact on economic and social inequities and shape unhealthy living and working environments. Health promoting political choices are urgently called for in the face of the many complex, existing and emerging challenges to health and wellbeing in countries and globally, including rapid urbanisation, climate change, pandemic threats and the proliferation of unhealthy commodities.⁷ We also call for the establishment of a mechanism to consider all policy decisions through a wellbeing (and health equity impact) lens. This could include the use of the HiAP methodology, establishing clear wellbeing indicators and reporting on their progress or using established health equity impact assessment tools in decision-making. Resourcing for greater visibility of Australia's progress towards achieving the 2030 Sustainable Development Agenda is also vital.

Finally, AHPA calls for resourcing to accelerate progress on the new national health literacy strategy, specifically implementation, monitoring and evaluation. There is a need for additional national and state health literacy data and indicators particularly those that link health literacy (deficits/improvements) with health outcomes. Recognising that evidence-informed and innovative programs and services benefit when developed in partnership with communities and individuals with lived experience, funding should be directed towards local government, non-government agencies and community groups to implement these strategies. We caution approaches where funding is funnelled only into education and resources. Please see [content](#) from the Health Promotion Journal of Australia to incorporate local, relevant health equity and health promotion ideas and examples. A [recent paper](#) provides specific recommendations around misinformation/infodemics including engagement with the recent WHO infodemic manager training program. We concur with the [recommendations made by Kickbusch](#) regarding the need to improve scientific literacy, address the infodemic, address health data extraction and address the political dimension of health literacy. The Association would support funding for such action.

⁶ Robinson, M. and Smith, J.A. (2023), The lazy language of 'lifestyles'. Health Promot J Austral, 34: 3-5. <https://doi.org/10.1002/hpja.677>

⁷ World Federation of Public Health Associations. Global Charter for the Public's Health. Available from: <https://www.wfpha.org/document-upload/the-global-charter-for-the-public-s-health.pdf>