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For the Department of Health and Aged Care Public Health Workforce Analysis  
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Dear Sherine,

**Re: Department of Health and Aged Care Public Health Workforce Analysis – Written response to consultation**

Thank you for the opportunity to provide further written commentary on the ‘Defining the Public Health Workforce consultation paper’ post our consultation session on Wednesday November 23, 2022. The Australian Health Promotion Association commends the Government on its much-needed public health workforce investments.

The Australian Health Promotion Association Ltd (AHPA®) is the peak body for health promotion in Australia. 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 vision is for a healthy, equitable Australia, delivered through leadership, advocacy and workforce development for health promotion practice, research, evaluation and policy. Our member-driven national Association represents over 1000 members and subscribers with branches representing each state and territory. 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.

Australia is one of the healthiest countries in the world largely because of effective health promotion practices - creating social and environmental conditions that enable Australians to enjoy a healthy and happy life. Health Promotion’s role has never been so significant. This is because we are now more aware than ever of just how complex the circumstances are by which human health is influenced.

For more than 30 years, the Association has supported the health promotion function of public health and its workforce. The Association has implemented an evidence-informed approach to workforce capacity building including the establishment of national and international competencies and professional standards, career pathway programs (such as traineeships), mentoring, continuing professional development activities such as conferences and seminars, a large national learning and teaching network for tertiary institutions involved in health promotion programs, awards, scholarships and the flagship Health Promotion Journal of Australia.

The following comments expand on commentary made as part of consultation to EY and reflect the Association’s considered views on the workforce and the proposed scope presented in the consultation paper.

EY consultation questions	AHPA’s response
<p>1. Do you agree on the proposed Functions, Competencies, and the Workforce composition definition outlined in the issued External Consultation Paper?</p>	<p><b>3.2. Objectives, p.11.</b></p> <p>The description of health promotion is inadequate and unsuitable for a number of reasons, including the narrow focus on negative determinants (health promotion includes the positive or protective determinants of health and wellbeing and often takes a strengths-based approach) and the reference to lifestyle (which perpetuates the myth that improving public health is a personal responsibility and diverts attention away from upstream action that can bring about equitable, sustained improvements in health).</p> <p>AHPA endorses the World Health Organization's (1986) definition of health promotion: <i>the process of enabling people to increase control over the determinants of health and thereby improve their health.</i></p>

The health promotion profession has evolved alongside, and in response to, the international health promotion movement and the broader new public health movement. Health promotion not only embraces actions directed at strengthening the skills and capabilities of individuals but also actions directed towards changing social, environmental, political and economic conditions to alleviate their impact on populations and individual health.

More information:

- AHPA's webpage, *What is health promotion?*  
<https://www.healthpromotion.org.au/our-profession/what-is-health-promotion>
- WHO's Ottawa Charter (1986)  
[https://www.healthpromotion.org.au/images/ottawa\\_charter\\_hp.pdf](https://www.healthpromotion.org.au/images/ottawa_charter_hp.pdf)
- Health Promotion Journal of Australia article *The lazy language of 'lifestyles'*  
<https://onlinelibrary.wiley.com/doi/10.1002/hpja.677>

In addition, disease and condition prevention is not usual terminology when addressing public health and should be reviewed.

### **3.3. Public health and the levels of prevention, p11.**

We recommend that 'risk factors of ill health' is broadened to include protective factors and the underpinning drivers and determinants of health, wellbeing and inequity.

### **Figure 4. Levels of prevention, p.11.**

We note that the levels of prevention provided are often used in clinical settings, such as the [RACGP's Green Book](#) (p6). We acknowledge this reflects the terminology used in the National Preventive Health Strategy but note that the terminology most commonly used in health promotion is primary, secondary and tertiary prevention. We also note the importance of using accessible language and avoiding jargon wherever possible.

### **4. Functions of the Workforce, F4, p.12.**

We strongly suggest the inclusion of a new 'health promotion and illness prevention' function. This will also help to separate prevention from early detection. See AHPA's Health Promotion and Illness Prevention Policy Position Statement available here: <https://www.healthpromotion.org.au/news/advocacy/1141-ahpa-and-phaa-prevention-policy-and-workshop>

### **5. Core Competencies of the Workforce, p14-15.**

The competency descriptions are very narrow and do not represent the full scope of competency required of the health promotion workforce. For example, C12 Planning and administration refers simply to administrative skills (e.g. record keeping skills, working within budget) and doesn't present competencies required to develop measurable health promotion goals and objectives based on assessment of needs and assets in partnership with stakeholders. Additionally, C11 Communication does not recognise the critical element of health literacy. The lack of integration with the broadly agreed on and supported Council of Academic Public Health Institutions Australasia (CAPHIA) competencies (currently being revised) is puzzling. This is particularly given that the majority of academic public health programs (responsible for delivery of Master of Public Health program) in Australia are CAPHIA members.

To strengthen the proposed competencies, we strongly recommend drawing upon and referencing the existing competencies for the health promotion and public health workforce in Australia (rather than the UK focus which amongst other things, has no reflection on the cultural dimensions of public health work):

- IUHPE Core Competencies and Professional Standards for Health Promotion: [https://www.healthpromotion.org.au/images/docs/IUHPE\\_core\\_competencies\\_for\\_health\\_promotion .pdf](https://www.healthpromotion.org.au/images/docs/IUHPE_core_competencies_for_health_promotion.pdf)
- CAPHIA foundation competencies for public health graduates in Australia and competencies for MPH graduates in Australia: <https://caphia.com.au/resources/#competencies>

We strongly recommend health literacy is included in the competencies and suggest referencing the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development, which identifies health literacy as one of three pillars of health promotion. Available here: <https://www.who.int/publications/i/item/WHO-NMH-PND-17.5>

Importantly, the IUHPE Core Competencies and Professional Standards for Health Promotion aim to equip graduates to be ethical and effective Health Promotion Practitioners, yet the ethical/values base and underpinning knowledge of the workforce appears to be missing in the proposed competencies. We strongly recommend the ethical/values base and underpinning knowledge of the workforce be included and suggest referencing:

- IUHPE Core Competencies and Professional Standards for Health Promotion: [https://www.healthpromotion.org.au/images/docs/IUHPE\\_core\\_competencies\\_for\\_health\\_promotion .pdf](https://www.healthpromotion.org.au/images/docs/IUHPE_core_competencies_for_health_promotion.pdf)
- IUHPE Health Promotion Accreditation System Ethical Principles: [https://www.iuhpe.org/images/JC-Accreditation/Ethical\\_Principles\\_LinkM.pdf](https://www.iuhpe.org/images/JC-Accreditation/Ethical_Principles_LinkM.pdf)
- AHPA's Health Promotion and Illness Prevention Policy Position Statement available here: <https://www.healthpromotion.org.au/news/advocacy/1141-ahpa-and-phaa-prevention-policy-and-workshop>

#### **Description of the health promotion workforce**

AHPA suggests that a description of the health promotion workforce is used and provides the following which provides detail regarding employment sectors and settings to provide further detail and contextualise the workforce within the Australian setting.

Health Promotion is both a discipline and profession. The health promotion workforce comprises those 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. Strategies include health education, health information, health literacy, mass media, community development and community engagement processes, capacity building, advocacy and lobbying, social marketing, health policy, technology, public policy, regulation and environmental strategies. Examples of employers include government health departments, health promotion agencies, local government, non-government organisations, community-based organisations and groups, and private industry. The broader health promotion sector refers to the central stakeholders in the health promotion field, including AHPA, health promotion professionals, educational providers, and employers.

The health promotion workforce can be conceptualised as comprising three tiers. See Figure 2.1, Health promotion workforce model on p15 of this report: An evidence-informed review to support the development of the South Australian Health Promotion Workforce Strategy available here:

[https://www.healthpromotion.org.au/images/AHPA\\_Wellbeing\\_SA\\_Evidence-informed\\_HP\\_Workforce\\_Strategy\\_Review\\_web.pdf](https://www.healthpromotion.org.au/images/AHPA_Wellbeing_SA_Evidence-informed_HP_Workforce_Strategy_Review_web.pdf)

	<p>Defining workforce operations by hierarchy is limiting and overly simplifies reality. It is important to recognise the fluidity of career progression – and specialist versus generalist. Often the health promotion and broader public health workforce is broadly categorised as policy, research and practice. Additionally, the responsibilities of public health academics (p.20) includes educating and training the future workforce which is currently not recognised in the consultation document. See articles:</p> <ul style="list-style-type: none"> <li>• Strengthening health promotion practice: capacity development for a transdisciplinary field, <a href="https://journals.sagepub.com/doi/full/10.1177/17579759211061751">https://journals.sagepub.com/doi/full/10.1177/17579759211061751</a></li> <li>• Quality learning and teaching is vital for equipping the health promotion workforce to address complex public health challenges <a href="https://onlinelibrary.wiley.com/doi/10.1002/hpja.666">https://onlinelibrary.wiley.com/doi/10.1002/hpja.666</a></li> </ul>
<p>2. Where do you see are the current challenges and opportunities currently in the system to help realise the National Preventive Health Strategy and to support a more sustainable and future-proofed Workforce?</p>	<p>A well trained and resourced health promotion and illness prevention workforce is essential. Specialist health promotion practitioners work in agencies such as health promotion teams, hospitals and community health services, as well as in non-government agencies and local government. The health promotion and illness prevention workforce also include managers, researchers and evaluators working on health promotion issues within practitioner teams. In addition, academic and clinical health professionals include health promotion and illness prevention as part of their work. Building and enabling this workforce requires workforce planning, supportive systems and infrastructure, standards, accreditation and ongoing training. Importantly, investment in undergraduate and postgraduate education courses ensure supply. Like other health professionals, registration of specialist health promotion practitioners in Australia, via the International Union for Health Promotion and Education (IUHPE), supports the quality and credibility of the workforce. Models such as injections of resources to support greater cooperation between academic institutions responsible for public health programs and the broader institutions and organisations that receive them as part of the workforce are recommended to secure future workforce needs. Rolling out funding across jurisdictions for health promotion and prevention at scale to realise the vision of the National Partnership Agreement on Preventive Health (NPAPH) is recommended. Reestablishment of a structure similar to the National Preventive Health Agency or a national Health Promotion Foundation (similar to jurisdictional models and those national models in other countries) would enhance coordination and visibility of the strategy activities, ensuring the work is not lost within the larger bureaucracy of the Department.</p> <p>The health promotion and illness prevention workforce should be identified, recognised and registered (through the IUHPE National Accreditation Organisation) as an integral part of the health system with associated workforce support strategies. Other efforts to enumerate components of the prevention workforce exist, see for example: <a href="https://preventioncentre.org.au/wp-content/uploads/2021/10/1408-prevention-workforce-report-for-web.pdf">https://preventioncentre.org.au/wp-content/uploads/2021/10/1408-prevention-workforce-report-for-web.pdf</a>, and No Two Workforces Are the Same: A Systematic Review of Enumerations and Definitions of Public Health Workforces, available via: <a href="https://www.frontiersin.org/articles/10.3389/fpubh.2020.588092/full">https://www.frontiersin.org/articles/10.3389/fpubh.2020.588092/full</a></p> <p>Several opportunities and challenges are noted below. Additional detail is contained within this article: Strengthening health promotion practice: capacity development for a transdisciplinary field <a href="https://journals.sagepub.com/doi/full/10.1177/17579759211061751">https://journals.sagepub.com/doi/full/10.1177/17579759211061751</a></p> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• Ageing population</li> <li>• Rising cases of preventable chronic conditions and emerging and reemerging infectious diseases</li> <li>• Health inequities</li> <li>• Climate change (see <a href="https://onlinelibrary.wiley.com/doi/full/10.1002/hpja.278">https://onlinelibrary.wiley.com/doi/full/10.1002/hpja.278</a>)</li> </ul>

	<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Showcase health promotion as an attractive career</li> <li>• Health promotion workforce becoming IUHPE registered</li> <li>• Providing continuing professional development (CPD) for the health promotion workforce aligned to workforce competencies, as a key strategy to build a strong and sustainable workforce, e.g.             <ul style="list-style-type: none"> <li>○ AHPA’s mentoring program</li> <li>○ Health Promotion Scholarship Program in Western Australia</li> <li>○ Communities of Practice, e.g. Health Promotion Teaching and Learning. See: <a href="https://www.healthpromotion.org.au/about-ahpa/committees-groups">https://www.healthpromotion.org.au/about-ahpa/committees-groups</a></li> </ul> </li> </ul> <p>The bulk of the health promotion workforce becoming IUHPE registered would translate to a legitimate, quality workforce with the core competencies needed to achieve the National Preventive Health Strategy. See:</p> <ul style="list-style-type: none"> <li>• Creating a sustainable health promotion workforce in Australia: a health promoting approach to professionalization <a href="https://onlinelibrary.wiley.com/doi/full/10.1071/HE13076">https://onlinelibrary.wiley.com/doi/full/10.1071/HE13076</a></li> <li>• The IUHPE Health Promotion Accreditation System – developing and maintaining a competent health promotion workforce <a href="https://journals.sagepub.com/doi/full/10.1177/17579759211029603">https://journals.sagepub.com/doi/full/10.1177/17579759211029603</a></li> </ul>
<p>3. What are the current gaps in the workforce that you are unable to fulfil?</p>	<p>A key issue is ensuring that people are aware of health promotion as a specialist profession (with many different career pathways). We are aware that ‘promoting health’ is a function of many roles in and outside health. However we are also aware that there are specialist health promotion practitioners who are trained in contemporary approaches who could be better utilised in the workforce. Recognition of health promotion as a unique discipline and profession is required to ensure that if ‘promoting health’ continues to be a function of many health practitioner roles, then thought should be given to appropriate training and education, including additional health promotion qualifications to ensure that work is ethical and evidence informed and in line with agreed on national and international competencies and professional standards. Commonwealth supported places for postgraduate and accelerated pathways to health promotion practice are warranted as is scaling up the health promotion components of jurisdictional or national public health traineeship programs – see specific health promotion traineeship examples such as the Healthway funding AHPA Health Promotion Scholarship program-paper below). Finally, providing greater resourcing for health promotion action (such as the previous functions of the National Partnership Agreement on Preventive Health (NPAPH) is worthy of reconsideration. This was a watershed for health promotion and prevention with significant national investment to ‘on the ground’ activity. Such investment would support the objectives of the National Preventive Health Strategy. As has been noted by Sonia Wutzke and colleagues –</p> <p><i>“The NPAPH, as a national initiative for achieving improvements to the prevention of chronic disease, was a welcome investment. Disinvestment in the NPAPH, as well as other promising reforms of the time, led to a loss of credibility in outcomes focussed funding collaborations as well as missed opportunities for the future health and wellbeing of the Australian population. Australia needs a recommitment at all levels of government to investment and action in prevention and a restoration of funding in prevention commensurate with the size of the health burden.”</i></p> <p>Resource:</p> <ul style="list-style-type: none"> <li>• Australia’s National Partnership Agreement on Preventive Health: Critical reflections from States and Territories available here: <a href="https://onlinelibrary.wiley.com/doi/full/10.1002/hpja.9">https://onlinelibrary.wiley.com/doi/full/10.1002/hpja.9</a></li> </ul>

	<ul style="list-style-type: none"> <li>• Twenty years of capacity building and partnership: A case study of a health promotion scholarship program available here: <a href="https://onlinelibrary.wiley.com/doi/10.1002/hpja.32">https://onlinelibrary.wiley.com/doi/10.1002/hpja.32</a></li> <li>• An evidence-informed review to support the development of the South Australian Health Promotion Workforce Strategy available here: <a href="https://www.healthpromotion.org.au/images/AHPA_Wellbeing_SA_Evidence-informed_HP_Workforce_Strategy_Review_web.pdf">https://www.healthpromotion.org.au/images/AHPA_Wellbeing_SA_Evidence-informed_HP_Workforce_Strategy_Review_web.pdf</a></li> </ul>
<p>4. What do you see are the emerging trends and challenges to the Workforce?</p>	<p>Over the past three decades, the health promotion workforce has grown substantially due to an increase in the number of health promotion training programs and organisations globally. However, Australia has seen significant ebbs and flows during this time, reflecting periods of government investment and disinvestment making it challenging to maintain a strong professional identity. See article: <a href="https://onlinelibrary.wiley.com/doi/full/10.1071/HE15055">https://onlinelibrary.wiley.com/doi/full/10.1071/HE15055</a></p> <p>In Australia, in most health organisations that employ public health staff there is a lack of a formal structure to enable career progression – it is usually a very flat structure, with few opportunities to take a step up e.g. graduate roles, senior roles, leadership roles. Many lone health promotion practitioners sit within systems and organisations with little understanding of or supports for health promotion practice. Furthermore, there are many graduates and few employment opportunities.</p> <p>Long-term, sustainable funding is critical. It is also important to understand the availability, distribution, capacity and skills of the workforce. Critically, reflecting on their attendance at the 2017 Labor Party's National Health Policy Summit, Smith and Herriot wrote of the discussions on workforce, that -</p> <p><i>“Workforce was identified as a critical enabler of an effective health system. However, scant attention was paid to the health workforce required to tackle health inequities and increase action in health promotion and prevention. While we raised concerns about the health promotion workforce, this received little recognition during the Summit. Comments were made that there is currently poor data on self-regulated and unregulated health professions in Australia. This was also noted previously in a national audit of the preventive health workforce.<sup>6</sup> It will be important for AHPA to ensure good data collection on the health promotion workforce as it embarks on the National Accreditation Organisation health promotion practitioner regulation. The profession needs to be more articulate about what the health promotion workforce offers (the recent Virtual Issue of the Health Promotion Journal of Australia, ‘Health Promotion Workforce’, makes a timely contribution in this regard). This involves explaining that health promotion practitioners have core competencies well suited to tackling health inequities and whole-of-government challenges.”</i></p> <p>See: Positioning health promotion as a policy priority in Australia, available here: <a href="https://onlinelibrary.wiley.com/doi/10.1071/HEv28n1_ED2">https://onlinelibrary.wiley.com/doi/10.1071/HEv28n1_ED2</a></p> <p>An important emerging trend is the global uptake of IUHPE registration for health promotion practitioners and accreditation of health promotion courses. This is a significant step forward to ensure quality of practice, visibility and viability of health promotion as a public health profession and a unique discipline.</p> <ul style="list-style-type: none"> <li>• The IUHPE Core Competencies and Professional Standards for Health Promotion are internationally recognised and have been in place for several years now. Supporting the promotion and use of these competencies is recommended.</li> <li>• Currently there are 115 IUHPE Registered Health Promotion Practitioners in Australia. More on the international system can be found here: <a href="https://www.iuhpe.org/index.php/en/the-accreditation-system">https://www.iuhpe.org/index.php/en/the-accreditation-system</a></li> </ul>

	<ul style="list-style-type: none"> <li>Quality learning and teaching is vital for equipping the health promotion workforce to address complex public health challenges, available here: <a href="https://onlinelibrary.wiley.com/doi/10.1002/hpja.666">https://onlinelibrary.wiley.com/doi/10.1002/hpja.666</a></li> </ul> <p>More information on practitioner registration: <a href="https://www.healthpromotion.org.au/our-profession/practitioner-registration">https://www.healthpromotion.org.au/our-profession/practitioner-registration</a></p> <p>Creating a sustainable health promotion workforce in Australia: a health promoting approach to professionalisation <a href="https://onlinelibrary.wiley.com/doi/10.1071/HE13076">https://onlinelibrary.wiley.com/doi/10.1071/HE13076</a></p>
<p>5. How is the surge workforce typically managed during public health emergencies, such as the recent bushfires, flooding and COVID-19 pandemic?</p>	<p>In many jurisdictions, the existing health promotion and public health workforce were used to support these emergencies. Their involvement was beneficial as it drew on their broad and transferable skill set.</p> <p>However, we also observed that moving staff to surge roles had the knock-on effect of other health priorities getting put on hold, particularly in community facing roles which will have an inevitable impact on improving these outcomes (for example community mental health, tobacco control or nutrition programs).</p> <p>By redeploying the same workforce, it also has the unintended consequence of taking the workforce away from and out of their communities where relationships/trust has been established. For example, many members of the health promotion workforce who sit in community health and health services in Victoria were redeployed during COVID-19 which will likely have had a detrimental impact on health promotion work progress / quality / capacity, and the attractiveness of working in health promotion in these organisations. Anecdotally, members have informed AHPA that work individuals were redeployed to do did not take advantage of existing transferrable skills and capacities – work was often unskilled, mind numbing and, at times, risky (e.g. concierge, checking medical staff wore their PPE correctly). Many of our members have significant qualifications and skills that could be better utilised during such emergencies.</p>
<p>6. What are some of the key lessons learnt from the COVID-19 pandemic, and / or recent natural disasters?</p>	<p>There are significant lessons to be learned from Australian responses to other public health issues such as HIV. Key to Australia’s success was the combined action of affected communities, those with lived experience and clinicians working in partnership with government, public health and research. This long-established partnership response moved from a crisis response to a constant and continuously adapting response. Such partnerships that are engaged, politically active, adaptive and resourced to work across multiple social, structural, behavioural and health-service levels can be beneficial.</p> <p>The health promotion profession plays a vital role in pandemics, including:</p> <ul style="list-style-type: none"> <li>Expertise in community facing roles implementing ‘on the ground’ programs alongside communities using community engagement processes.</li> <li>Understanding how to work with affected communities and privilege meaningful involvement by those with lived experience</li> <li>Planning and evaluation skills.</li> <li>Strong research and communication skills.</li> <li>Ensuring that considerations of health equity and social justice principles remain at the forefront of pandemic responses</li> <li>Innovative thinking and advocating skills</li> <li>Supporting development for national public health communication and other pragmatic measures that reach people most in need.</li> </ul> <p>There is a critical need for pandemic surge workforce relating to mental health and wellbeing, community engagement and health/risk communication.</p> <p>A workforce mentoring program appears to be an effective way of providing the surge workforce with support. See: <a href="https://www.phaa.net.au/documents/item/5257">https://www.phaa.net.au/documents/item/5257</a></p>

References:

- Mobilisation, politics, investment and constant adaptation: lessons from the Australian health-promotion response to HIV, available here: <https://www.publish.csiro.au/he/pdf/HE13078>
- COVID-19: Vulnerability and the power of privilege in a pandemic, available here: <https://onlinelibrary.wiley.com/doi/full/10.1002/hpia.333>  
Positive outcomes associated with the COVID-19 pandemic in Australia.  
available here: <https://onlinelibrary.wiley.com/doi/10.1002/hpia.494>

We welcome further opportunities to contribute to the ongoing dialogue and national efforts to enumerate the public health workforce, harmonise definitions and enhance capacity across its functions, particularly in health promotion and illness/disease prevention.

Please do not hesitate to contact us with further questions.

Yours sincerely



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