



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.

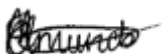
Achieving change

Our submission suggests areas of focus for the forthcoming budget to support a healthy, equitable Australia. These are consistent with our asks as part of [pre-budget submission in 2023](#) and areas outlined as part of our [Health Promotion and Illness Prevention Policy](#).

Key recommendations relate to resourcing to support the:

- **Implementation, monitoring and evaluation of, the National Preventive Health Strategy 2021-2030.**
- **Progress 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 Climate and Health Alliance, and the Australian Council of Social Services. This includes sufficient and long-term funding for effective implementation and evaluation of Australia's first National Health and Climate Strategy, housing security, a fairer tax system and improvements in our social safety net. Considering the Referendum outcome, we believe it is critical the Government ensure there is sustainable funding to support self-determination of Aboriginal and Torres Strait Islander peoples. Ensuring that the community-controlled sector receives funding directly to allow for initiatives to meet the needs of the community.



Melinda Edmunds
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 prevention interventions return an average of \\$14.30 in benefits for every \\$1 invested](#). 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.

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.

[Australia has a strong but inconsistent history of action to promote health and prevent illness](#). We have lagged behind other Organisation for Economic Co-operation and Development countries in terms of [relative investments](#). Investment in health promotion and illness prevention is a critical enabler for health and wellbeing but needs to be sufficient, consistent and coordinated. We call on the Government to expedite implementation of its commitment to investing at least 5% of the budget on health promotion and illness prevention to reach the desired outcomes by 2030.

In addition, evidence, research, evaluation, quality data and monitoring are essential tools for an effective portfolio of health promotion and illness prevention programs and policies. Research funding should have a strong 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. It should also have a focus and ability to be flexible in addressing emerging areas that require a public health approach, such as [mis/disinformation](#), its impact of health and effective strategies to respond. This should have a minimum 5% allocation to health promotion and illness prevention.

A well-resourced Australian Centre for Disease Control with a strong focus on health promotion

AHPA continues to advocate for a well-resourced Australian Centre for Disease Control (CDC), with a particular focus on the need for a central role for health promotion. We applaud the Commonwealth for taking steps to commence the Australian CDC and for [the initial budgetary commitment of \\$90.1 million over two years](#) to support this process. However, the initial funding will not be sufficient to drive long term better health outcomes. We call on the Government to commit in the 2024 budget, ongoing funding for implementation, evaluation, and monitoring of the Australian CDC. This includes funding an appropriately trained workforce, including health promotion, and activities that focus on health equity from its establishment.

As we outlined in our pre-budget submission in 2023, this should be ring-fenced, long-term investment and sufficient research and evaluation support to ensure accountability, sustainability, and the greatest impact on the health of Australians. We also call for greater engagement with the public health and health promotion sector as the establishment of the CDC progresses with regular and timely updates on staffing, funding and scope. For more information on contributions by AHPA to shaping the Australian CDC read our [scope, function and monitoring of an Australian CDC](#) and the Health Promotion Journal of Australia [editorial on the importance of health promotion in an Australian CDC](#).

Enhancing the Australian Health Promotion and Prevention Workforce

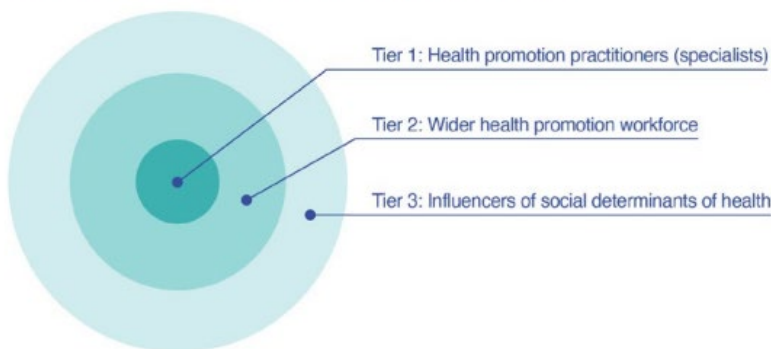
Health promotion plays an important role within and beyond the health sector. The health promotion workforce comprises organisations and individuals responsible for planning, development, implementation, and evaluation of health promotion policies and projects using various strategies within a socioecological framework and with a focus on comprehensive multi-level action across the determinants of health. 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](#).

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.

Figure 1: Health promotion workforce model

Health Promotion Workforce Conceptualisation



Available from: [An evidence-informed review to support the development of the South Australian Health Promotion Workforce Strategy](#)

Health promotion practitioners, particularly those conceptualised as health promotion specialists have a range of skills, knowledge and values that enable them to undertake their work. These align to the [IUHPE Core Competencies and Professional Standards for Health Promotion](#). 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.

Enhancing workforce capacity requires planning, supportive systems and infrastructure, standards, accreditation and ongoing training. The forthcoming budget should 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. Going forward, this needs to be well-planned and resourced. Resourcing and implementing recommendations from the Government's commissioned public health workforce review is vital.

The Australian CDC should include health promotion practitioners as part of the workforce from its establishment. The workforce brings capabilities which are vital to effectively service the anticipated activities outlined in the Australian Government [Statement of Intent](#). 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.

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.

Action on the forces that shape health

AHPA continues to advocate for the Government to invest in the [social determinants of health](#) - the conditions in which people are born, grow, live, work, and age that shape their health, and the structural determinants of health equity – policy, governance, systems, cultural and environmental factors, with a view to mitigate unfair and avoidable disparities in health within our population in Australia.

In the current economic climate, there is a need for the Government to address cost-of-living pressures for individuals, families and communities which have an adverse impact on health. It is timely for the government to rethink its approach and instituting action on a well-being economy and implementing a Health in All policies approach. A recent Health Promotion Journal of Australia special issue was published on this topic - [The well-being economy and health in all policies: Fostering action for change. This moves away from an over-emphasis on personal responsibility as well as victim-blaming for “unhealthy” “behaviours” and “lifestyles” which persists in health policymaking](#). Instead, the focus is on prioritising the health of our population in all aspects of public policy, not just health policy because decisions outside of the health sector influence population health outcomes.

It was pleasing to see the release of the Measuring What Matters Framework in 2023. As we said in our [review](#) of the Framework it has the potential to provide a practical policy-making tool to ensure program and policies are developed effectively, with prevention, sustainability, and community at the forefront. To see this effective implementation of the Framework we call on the Government to ensure funding is available for continued engagement with relevant stakeholders, mechanisms to work across jurisdictions to implement indicators, evaluation and monitoring of the Framework and translation and dissemination strategies to ensure it does influence policy. This requires a skilled workforce, technology capability and ongoing engagement.

In 2008, the [World Health Organization released its final report for the Commission on Social Determinants of Health](#). A decade ago, in August 2012 the Senate referred Australia's domestic response to the World Health Organization's (WHO) Commission on Social Determinants of Health report "Closing the gap within a generation" to the Senate Community Affairs Committee for [inquiry and report](#).

The five key recommendations have never been sufficiently actioned but remain relevant:

- Government adopt the WHO Report and commit to addressing the social determinants of health relevant to the Australian context.
- Government adopt administrative practices that ensure consideration of the social determinants of health in all relevant policy development activities, particularly in relation to education, employment, housing, family and social security policy.
- Government place responsibility for addressing social determinants of health within one agency, with a mandate to address issues across portfolios.
- the NHMRC give greater emphasis in its grant allocation priorities to research on public health and social determinants research.
- annual progress reports to parliament be a key requirement of the body tasked with responsibility for addressing the social determinants of health.

The reports and recommendations should guide budget planning for health as the key opportunity to close the health gap in a generation is to improve daily living conditions. The Government should focus on increasing budget allocations to address the negative impacts of the social determinants of health to improve health outcomes. This would include areas such as resourcing for and implementation of the National Housing and Homelessness Plan (see [AHPA's submission](#)) and Australia's first National Health and Climate Strategy (see [AHPA's submission](#)), and easing cost of living pressures through a range of measures including [increasing income support payments](#), and continuing to implement an equitable system related to stage 3 tax cuts. It is important people with lived experience of these inequities are consulted on policy decisions. To progress this work efficiently we call for a commitment to 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 the 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.

Finally, AHPA calls for resourcing to accelerate progress on the new national health literacy strategy, specifically we call for a specific quantum of funding for 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.