



Health Promotion and Illness Prevention

Policy Position Statement

<p>Key messages</p>	<ul style="list-style-type: none"> • Health promotion and illness prevention action has significant positive impacts on population health. • Evidence based health promotion and illness prevention initiatives result in major cost-savings and deliver public return on investment for governments and the community. • In Australia funding of health promotion and illness prevention has been intermittent, and is currently well below the level needed to secure social and economic benefits. Long-term sustainable investment is required. • Good practice health promotion and illness prevention requires a multifaceted, population approach underpinned by strong leadership. • Addressing the underlying causes of ill-health and inequity is essential to creating social and physical environments that will promote and protect health.
<p>Key policy positions</p>	<ul style="list-style-type: none"> • AHPA and PHAA call for action by Australian governments to prioritise health promotion and illness prevention. • AHPA and PHAA stress the need for overarching, strategic government leadership for health promotion and illness prevention beyond a focus on specific topics or particular diseases. • AHPA and PHAA will work with our membership to support workforce planning and professional development. • AHPA and PHAA encourage and support the registration of Health Promotion Practitioners through the International Union for Health Promotion and Education National Accreditation Organisation.
<p>Audience</p>	<p>Federal, State and Territory Governments, policy makers and the general public.</p>
<p>Responsibility</p>	<p>AHPA and PHAA Boards</p>
<p>Date adopted</p>	<p>26 September 2018</p>
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Much of the current and future projected burden of disease is preventable through effective health promotion and illness prevention measures and evidence-based practices.

Australia has a strong – yet intermittent – history of action to promote health and prevent illness.^{1,2}

However in recent times Australia is slipping behind its Organisation for Economic Co-operation and Development (OECD) counterparts, with investment now much lower than the OECD average.^{3,4}

AHPA and PHAA affirm the following principles

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity⁵

Health is a resource for everyday life, not the objective of living... a positive concept emphasising social and personal resources, as well as physical capacities⁶

- Social determinants of health impact on the health and wellbeing of individuals and communities. Action to understand and address these determinants is essential to developing effective multi-sector strategies to promote health and prevent illness.⁷
- The health of the community overall and the marked social gradient in health is a result of the social determinants of health or ‘causes of the causes’ which include socio-economic, cultural, commercial, political, working and environmental conditions, as well as social and community networks.⁷ These factors act together to strengthen or undermine the health of individuals and communities.⁸ Individuals’ health practices are also affected by social and economic circumstances, which can both cause and compound poorer health outcomes.
- Other important factors such as early childhood development, psychological factors (e.g. resilience), access to quality health care programs and services and biomedical factors also impact on the health of individuals and populations. The United Nations Sustainable Development Goals (SDG) recognise the interrelated nature of many determinants of wellbeing for the world’s people.⁹
- Health promotion and illness prevention addresses the health of the whole population and groups at risk. There should be a focus on empowering those whose circumstances (e.g. economic insecurity, lower levels of education, stigma and discrimination, intergenerational poverty) make them more vulnerable to poor health. Initiatives need to be responsive to and reflect local needs and contexts.
- Inequities in health outcomes require population-level interventions that are implemented with a scale and intensity that is proportionate to the level of need.¹⁰
- Promoting health and preventing illness requires a multi-sector and whole-of-system response involving public, private and non-government organisations within the health sector and with links to sectors other than health.
- The interconnectedness between the determinants of health (including commercial, political, environmental and social) requires strong and effective action by governments and societies. A mutual gain approach – such as Health in All Policies¹¹ – can be successful, but the persistent marketing of proven unhealthy commodities, enduring inequalities and environmental degradation, will often require strengthened legislative, regulatory, and fiscal measures.¹²

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- The transformative, practical, high impact and evidence-based strategies developed in the wake of the Ottawa Charter for Health Promotion provide us with a compass.⁶ We confirm their enduring relevance. They call for acting decisively on all determinants of health, empowering people to increase awareness and control over their health, and ensuring person-centred health systems.¹³
- Effective health promotion and illness prevention are underpinned by partnerships and involve multiple complementary strategies including policies, the creation of health promoting environments, community action, partnerships between funders and providers, and support for individuals to make healthier choices easier.
- System enablers that support effective health promotion and illness prevention include: leadership, governance and coordination; evidence, research and monitoring; workforce capacity; ongoing funding and commitment.

AHPA and PHAA note the following evidence

- Overall Australians have generally good health.⁸ Yet serious problems exist within our society. Currently one in two Australians suffer from one or more of the eight most common chronic conditions (arthritis, asthma, back pain and problems, cancer, cardiovascular disease, chronic obstructive pulmonary disease, diabetes, and mental health conditions). These conditions contributed to 87% of deaths in 2015, 61% of the total disease burden and 37% of hospitalisations in 2011.⁸ They are also associated with a common set of contributing factors (which include physical and social factors) which can be addressed.⁸
- Many of the health problems affecting the everyday lives of individuals and their families are preventable or can be delayed. Much of the current and future projected burden of disease is preventable through effective health promotion and illness prevention policy and practice.
- Good health is not evenly distributed across the population, and some demographic groups clearly experience avoidable differences in health, wellbeing and longevity. Chronic condition rates in Australia also follow an equity gradient, and this gradient is becoming steeper (i.e. more inequitable) over time.¹⁴
- Poorer health outcomes are particularly apparent in the Aboriginal and Torres Strait Islander community. While the Indigenous child mortality rate has declined (1998-2016) by 35% there is still a gap and the gap in life expectancy has had only a small reduction. Childhood education is improving but school attendance and reading and numeracy gaps are not on track. Chronic conditions such as ear disease, poor mental health and rheumatic heart disease persist. A higher proportion of Aboriginal and Torres Strait Islander households live in conditions that do not support good health.^{15, 16}
- The health of people and of populations cannot be separated from the health of the planet, and economic growth alone does not guarantee improvement in a population's health.¹⁷ Environmental conditions, including those caused by climate change, and notably the increased occurrence of natural disasters, are key drivers of public health outcomes.¹⁸
- Population health outcomes are to a significant degree a result of political choices. Political decisions impact on economic and social inequities, including through policies made by governments which shape unhealthy living and working environments, or which fail to address inequities of age, gender, race, ethnicity, disability, sexuality, education, and occupation. Practical political choices are urgently called for in the face of the many complex existing and emerging challenges to health and wellbeing within countries and globally, including rapid urbanisation, climate change, pandemic threats and the proliferation of unhealthy commodities.¹⁹

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- Effective health promotion and illness prevention interventions have been shown to improve health outcomes in both the short and long term.²⁰ Evidence to support this has emerged across multiple areas of health promotion and illness prevention practice, including in the areas of smoking cessation, cardiovascular disease prevention, dental caries, periodontal disease, child injury, road safety, sudden infant death syndrome and HIV.^{21, 22}
- Better health, wellbeing and equity will enhance Australia's social and economic progress. Investment in promoting health and preventing illness can achieve multiple gains including reduced absenteeism, improved productivity, lower social support payments, and other factors.
- There is strong evidence to support the cost-effectiveness of health promotion and illness prevention initiatives. The evidence comes from controlled trials and well-designed, rigorous observational studies. Some health promotion and illness prevention 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.^{4, 21, 23, 24 25}
- Effective health promotion and illness prevention also contributes to national economic and social productivity by increasing the number of years that Australians remain in good health.^{4, 26, 27}
- Decades of experience and evidence clearly demonstrates that health promotion and illness prevention are achieved most effectively through a whole-of-systems approach. Initiatives which involve a multi-sectoral and are multi-faceted generally produce the greatest benefit and are most cost-effective.^{21, 24} It is important to ensure comprehensive and coordinated strategies are sustained at sufficient levels to produce improvements over the long term.
- Individuals and communities, especially those more at risk, need support to be healthy. Evidence-based and innovative programs and services developed in partnership with communities and individuals with lived experience can assist in increasing individuals' skills, attitudes and knowledge, support health literacy, influence attitudes and behaviours, build personal skills, strengthen communities, change social norms and address health risks. Health communication strategies that enable dialogue and development of shared meanings are more likely to be effective, compared with unidirectional transmission of information. Local government, non-government agencies and community groups are important partners for the health promotion and illness prevention workforce in implementing the range of strategies described above.^{28, 29}
- The places where Australians live, learn, love, work, play and age should be environments which support health. Built, social, natural and economic environments should all be the focus of health promotion action. Governments should engage and support non-government sectors to better understand their potential to support good health and ensure their policies and services support the health of their staff and the broader community.
- It is important to build the capacity of the health promotion and illness prevention workforce. Trained specialist health promotion practitioners include those who 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 includes managers, researchers and evaluators working on health promotion issues, and clinical health professionals who include health promotion and illness prevention as part of their work. Building this workforce requires workforce planning, supportive systems and infrastructure, standards, accreditation and ongoing training. Registration of specialist health promotion practitioners in Australia, via the International Union for Health Promotion and Education (available at www.healthpromotion.org.au/our-profession/practitioner-registration) supports the quality and credibility of the workforce.

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- Australia has a strong history of action to promote health and prevent illness. However in recent times Australia is slipping behind fellow member countries of the Organisation for Economic Co-operation and Development (OECD). Although it is difficult to reliably compare spending levels, it is clear that Australia spends considerably less on prevention and public health than Canada, the United Kingdom and New Zealand. In 2017 out of 31 OECD countries providing data Australia was ranked 16th for per capita expenditure on prevention and public health, 19th for expenditure as a percentage of gross domestic product (GDP), and 20th for expenditure as a percent of current health expenditure.⁴
- Studies of the cost-effectiveness of health promotion and illness prevention interventions provide a strong case for increasing spending to improve the health of Australians. Investment is well below the level required to minimise the long-term costs associated with chronic conditions and the increasing negative impacts that preventable health problems will create in the future.
- Overarching national leadership in health promotion and illness prevention has waxed and waned in Australia over recent decades. When such overarching leadership has existed, it has proved to be vulnerable to political shifts and funding uncertainty. At present there is no clear strategic direction at the federal and state/territory level in Australia to support health promotion and illness prevention beyond policies directed to specific issues or specific population groups.^{30, 31}
- Research, evaluation and monitoring are essential tools for ensuring support of an effective portfolio of health promotion and illness prevention programs and policies and require a strategic, comprehensive and ongoing approach including workforce capacity building.^{32, 33}

AHPA and PHAA seek the following actions

- The Council of Australian Governments (COAG) Health Council should establish a Health Promotion and Illness Prevention leadership structure/mechanism to establish strategic directions, prioritise actions and allocate resources.³⁴
- Governments at all levels should commit to addressing the social determinants of health through strategic and coordinated whole-of-government responses. Health In All Policies is a recognised approach to addressing the determinants of health and is being implemented globally to drive multi-sectoral action, including to address the UN Sustainable Development Goals.³⁵ Other mechanisms include ensuring health promotion and illness prevention representation on whole of government committees, cabinet committees and on health portfolio executive committees.
- The development of a national Health Promotion and Illness Prevention Strategic Framework to support a nationwide sustainable and consistent approach and deliver the degree of health promotion and illness prevention effort required to make a difference. Protecting health promotion and illness prevention strategies and initiatives against the vagaries of political cycles is essential to harness future social and economic benefits.
- Australia's governments should jointly commit to a target of 5% of health expenditure being directed to health promotion and illness prevention initiatives. Since public health programs typically require sustained effort over time to achieve their full effect, funding should be ongoing and stable over the long term, avoiding changing short-term programs.
- Commit 10% of the Medical Research Future Fund (MRFF) to health promotion and illness prevention population-level research, evaluation, knowledge translation, workforce capacity building, and research into the wider determinants of health and health inequalities.

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- Governments should examine models for organisational structures to evaluate the cost-effectiveness of health promotion and illness prevention interventions such as the National Institute of Health and Care Excellence.⁴ Public health initiative commissioning governments and agencies should include program evaluations into public health initiatives where appropriate.
- The health promotion and illness prevention workforce including specialist health promotion practitioners should be identified, recognised and accredited as an integral part of the health system workforce. Associated workforce planning strategies should be developed.
- Commit to a comprehensive long-term strategy to measure and report on health promotion and illness prevention indicators, including regular Australian Health Surveys.³⁶

AHPA and PHAA resolve to

- Advocate for the above steps to be taken based on the principles in this position statement.
- Work with our membership to support workforce planning and professional development.
- Undertake ongoing campaigns to address the negative impact of industry lobbying on the community's beliefs about the prevention of illness.
- Encourage and support the registration of Health Promotion Practitioners through the International Union for Health Promotion and Education National Accreditation Organisation.

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References

1. O'Hara L, Taylor J, Barnes M. The invisibilization of health promotion in Australian public health initiatives. *Health Promotion International* 2018;33(1):49. https://www.academia.edu/27764927/The_invisibilization_of_health_promotion_in_Australian_public_health_initiatives
2. Porter C. Ottawa to Bangkok: changing health promotion discourse. *Health Promotion International*. 2007;22(1):72-9.
3. Willcox, S. Chronic diseases in Australia: The case for changing course. Australian Health Policy Collaboration Issues paper No. 2014-02. Melbourne: Australian Health Policy Collaboration. 2014.
4. Jackson H, Shiell A. Preventive health: How much does Australia spend and is it enough? Canberra: Foundation for Alcohol Research and Education. 2017.
5. Constitution of WHO: Principles. 1946. <https://www.who.int/about/who-we-are/constitution>
6. World Health Organization. The Ottawa Charter for Health Promotion. First International Conference on Health Promotion 1986. <https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>
7. CS DH. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva: World Health Organization: 2008. https://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf
8. Australian Institute of Health and Welfare. Australia's health 2018. Australia's health series no.16 AUS 221. AIHW. 2018.
9. United Nations. Sustainable Development Goals. <https://www.un.org/sustainabledevelopment/>.
10. Marmot M, Allen J, Goldblatt P. Fair society, healthy lives: Strategic review of health inequalities in England post-2010. <https://www.gov.uk/dfid-research-outputs/fair-society-healthy-lives-the-marmot-review-strategic-review-of-health-inequalities-in-england-post-2010>: UK Government: 2010.
11. World Health Organization, Government of Finland. Health in all policies: Helsinki statement - Framework for country action. Geneva 2013.
12. Organization GoSAWH. Adelaide Statement II. http://www.who.int/social_determinants/SDH-adelaide-statement-2017.pdf?ua=1: WHO:2017.
13. Organization WH. Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development. 2016.
14. Inequality graphs: time series [Internet]. 2018 [cited 17 September 2018]. <https://www.wgea.gov.au/data/fact-sheets/australias-gender-pay-gap-statistics>
15. Australian Government. National Aboriginal and Torres Strait Islander Health Plan 2013-2023. Canberra: Commonwealth of Australia: 2013.
16. Department of Prime Minister and Cabinet. Closing the Gap Prime Minister's Report 2018. Canberra: Commonwealth of Australia: 2018.
17. United Nations. Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development. 9th Global Conference on Health Promotion: 2016: 21-24 November. Shanghai. <https://www.who.int/healthpromotion/conferences/9gchp/shanghai-declaration.pdf?ua=1>
18. Levy B, Patz J. Climate change and public health. Oxford University Press: 2015.

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19. WFPHA Global Charter for the Public's Health. https://www.wfpha.org/images/Charter_WFPHA.pdf
20. National Preventive Health Taskforce. Australia: The Healthiest Country by 2020 - National Preventive Health Strategy - the roadmap for action. Commonwealth of Australia. 2009 <https://extranet.who.int/nutrition/gina/sites/default/files/AUS%202009%20National%20Preventative%20Health%20Strategy.pdf>
21. Gruszyn S, Hetzel D, Glover J. Advocacy and action in public health: lessons from Australia over the 20th century. Australian National Preventive Health Agency: 2012.
22. Development CfHS. Childhood injury prevention: Strategic directions for coordination in New South Wales. University of Wollongong; 2017.
23. Vos T, Carter R, Barendregt J, et al. ACE-Prevention Team (2010) Assessing Cost-Effectiveness in Prevention. Final Report. University of Queensland, Brisbane and Deakin University, Melbourne. <http://dro.deakin.edu.au/eserv/DU:30030306/carter-assessingcost-2010.pdf>
24. Merkur S, Sassi F, McDaid D. Promoting health, preventing disease: is there an economic case? WHO: 2013. http://www.euro.who.int/__data/assets/pdf_file/0004/235966/e96956.pdf
25. Knapp M, McDaid D. Making an Economic Case for Prevention and Promotion. International Journal of Mental Health Promotion. 2009;11(3):49-56.
26. Butler R, Miller R, Perry D. New model of health promotion and disease prevention for the 21st Century. British Medical Journal. 2008;337(7662):149.
27. Bloom D, Canning D, Savilla J. The effect of health on economic growth: theory and evidence. National Bureau of Economic Research. 2001.
28. O'Hara B, Grunseit A, Phongsavan P, Bellew W, Briggs M, Bauman A. Impact of the Swap It, Don't Stop It Australian National Mass Media Campaign on Promoting Small Changes to Lifestyle Behaviors. J Health Commun. 2016; 21(12):1276-1285. Epub 2016 Nov 28 2016.
29. Werder O. Toward a humanistic model in health communication. Global Health Promotion. Glob Health Promot. 2019;26(1):33-40. doi: 10.1177/1757975916683385. Epub 2017 Mar 29. <https://www.ncbi.nlm.nih.gov/pubmed/28353393>
30. 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.
31. Smith J, Herriot M. Positioning health promotion as a policy priority in Australia. Health Promotion Journal of Australia. 2017;28(5-7).
32. Smith B, Rissel C, Shilton T, Bauman B. Advancing evaluation practice in health promotion. Health Promotion Journal of Australia. 2016;27(184-186).
33. Edwards B, Stickney B, Milat A, Campbell D, Thackway S. Building research and evaluation capacity in population health: the NSW Health approach. Health Promotion Journal Australia. 2016;27(3):264-267.
34. Kelly P. What would I do with \$100million? I wouldn't start from here! . Health Promotion Journal Australia. 2018;29(S1):4-6.
35. Government of South Australia and World Health Organization. Progressing the Sustainable Development Goals through Health in All Policies: Case studies from around the world. Adelaide: Government of South Australia. 2017.
36. Calder R, Lindberg R, Fetherston H. \$100 million to get Australia's health on track. Health Promotion Journal of Australia. 2018;29(S1):22-25.



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