Health Promotion and Prevention

Policy Position Statement

Key messages:

- Health promotion and prevention saves lives and money and delivers the best return on public investment in health.
- Australian public investment in health promotion and illness prevention has progressively declined and lags compared with other OECD countries.
- Future investment should reflect the best available evidence on how to tackle the underlying causes of ill-health and inequity.
- This will require additional investment in multi-sector programs that engage public, private and non-government organisations within and beyond the health sector.
- Investment should be sustained, at a scale and proportionate to the level of need.

Key policy positions:

1. There is an urgent need for appropriate funding, implementation, monitoring and evaluation of the National Preventive Health Strategy (NPHS) 2021-2030 to prevent people getting sick.
2. Overarching, strategic government leadership for health promotion and prevention beyond a focus on specific topics or particular diseases is essential. The new Australian Centre for Disease Control must focus on prevention of non-communicable diseases in addition to communicable diseases.
3. A target of 5% of health expenditure by all Australian governments should be directed to health promotion and prevention to meet the aim set out in the NPHS.
4. Health promotion and prevention workforce planning, training, professional development and registration is required.

Audience: Federal, State and Territory Governments, policy makers, program managers, AHPA and PHAA members and the media.

Responsibility: AHPA Board and PHAA's Health Promotion Special Interest Group (SIG)

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AHPA and PHAA affirm the following principles:

1. *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"*.[1] Health is *"a resource for everyday life, not the objective of living... a positive concept emphasizing social and personal resources, as well as physical capacities"*.[2]
2. Health inequity, including the social gradient which sees health worsen with lower socioeconomic status, is caused by the unequal distribution of power, income, and resources nationally and globally. This unequal distribution of power, income and resources, results in unjust inequality across the determinants of health – that is the socio-economic, cultural, commercial, political, ecological, working and environmental conditions within which people live e. Individual health practices cannot be understood outside of these contexts.[3]
3. Addressing the determinants of health is the responsibility of all. It requires a multi-sector and whole-of-system response involving public, non-government organisations, communities, universities and research institutions and the private sector.
4. Effective health promotion and prevention requires co-design between communities, the health sector and more broadly, by using evidence-based strategies, including strengthened legislative, regulatory, and fiscal measures, creating health promoting environments that increase people's awareness and control over their health, and ensuring person-centred health systems.
5. Strategies that focus on whole of population, as well as groups vulnerable to poor health are required, with delivery of universal services at a scale proportionate to the need. Addressing marginalising systems of power that lead to social disadvantage is critical.
6. Investment in health promotion and prevention reduces health inequity and has economic benefits at a national and state/territory level. This investment needs to be sufficient, consistent, sustained and coordinated to combat a rising burden of preventable ill health.
7. Strong leadership and governance by governments at all levels, communities and public, private and non-government organisations is essential. The health sector needs to take a system enabler role and work collaboratively alongside other sectors.
8. A qualified, skilled and resourced health promotion and prevention workforce is required, including with regional and remote reach. While an important complement, digital health services are not a replacement for an adequate and skilled health promotion workforce.
9. Evidence, research, evaluation, quality data and monitoring are crucial for a successful health promotion and prevention system.

AHPA and PHAA note the following evidence:

Many health problems are preventable

10. Currently almost half of Australians have at least one chronic condition.[4, 5] Chronic conditions are responsible for 87% of deaths in Australia.[6, 7] Chronic condition rates in Australia also follow a social gradient, with rates of chronic conditions higher for people living in lower socio-economic areas [8], [9] Much of this current and future projected burden of disease is preventable through effective health promotion and prevention policy and practice.
11. Many of the health problems affecting the everyday lives of individuals and their families stem from the social determinants of health. Early childhood development, social and community networks, education, income, psychosocial factors, access to quality health care programs and services and access to healthy foods and safe physical environments all shape an individual's health.[10]
12. Good health is not evenly distributed across the population, and prevalence and consequences of illness differ across demographics, with people who sit at the intersection of multiple marginalised identities experiencing the poorest health. These groups include (but are not limited to): Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities, people with diverse gender identities, LGBTQIA+ groups, people with mental illness, people of low socioeconomic status, people with a disability, and rural, regional and remote communities.[11, 12] This demonstrates the need to focus on marginalising systems of power across our society including racism, sexism, classism and poverty, homophobia, transphobia and heteronormativity, ableism and ageism, among others.[13]
13. Aboriginal and Torres Strait Islander communities demonstrate strength and resilience in the face of ongoing racism and colonisation which results in poorer health outcomes. Addressing these ongoing impacts is urgently required. Australia is only on track to meet one of the Closing the Gap health and wellbeing targets (healthy birthweight) and only three social and cultural targets are on track to be met, and key targets such as criminal justice, social and emotional wellbeing and child protection are worsening.[14]
14. Commercial actors influence people's health and wellbeing in varied ways, for instance, some commercial actors' products and practices are responsible for escalating levels of preventable ill health, social and health inequity and environmental damage.[15]
15. The health of people and of populations cannot be separated from the health of the planet. Environmental conditions, including those caused by climate change, and notably the increased occurrence of natural disasters, are key drivers of public health outcomes and inequity.[16]
16. Stigma significantly impacts individuals and communities, exacerbating health inequalities and hindering access to care and support. Addressing stigma is crucial for promoting better health outcomes and improving the quality of life for those affected by conditions such as arthritis, asthma, cancer, cardiovascular disease, diabetes, mental health disorders and others.[17]
17. Economic growth alone does not guarantee improvement in the health of a population. Population health outcomes are, to a significant degree, a result of political choices.[18, 19] Political decisions impact on the social determinants of health and thus health equity, including through policies made by governments which shape unhealthy living and working environments, or which fail to address

the marginalising systems of power that create unequal distribution of power, income and resources and make key groups in our society prone to ill health.[20]

Evidence-based approaches to promoting health and preventing illness

18. Initiatives which involve multi-sectoral and multi-faceted strategies generally produce the greatest benefit and are most cost-effective.[21, 22] It is important to ensure comprehensive and coordinated strategies are sustained at sufficient levels to produce improvements over the long term.[23, 24]
19. 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, supporting health literacy, influencing attitudes and behaviours, building personal skills, strengthening communities, changing social norms and addressing 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.[25, 26 19, 27]

Health promotion and prevention are effective

20. Effective health promotion and prevention interventions have been shown to improve health outcomes in both the short and long term.[12] Evidence to support this has emerged across multiple areas of health promotion and prevention practice, including in the areas of smoking cessation, cardiovascular disease prevention, dental caries, periodontal disease, child and youth injury, road safety, sudden infant death syndrome and HIV.[22, 28, 29 32]
21. Investment in health promotion and prevention interventions is cost-saving[30] and cost-effective.[31] The evidence comes from controlled trials and well-designed, rigorous observational studies. Also, most health promotion and prevention activities generate flow-on benefits – such as reduced burden on health care, providing positive returns for public investment.[21, 22, 32-35]
22. Health promotion and prevention interventions contribute to national economic and social productivity by increasing the number of Australians that are in good health, and the number of years that they remain in good health.[36] Estimates suggest that every dollar invested in preventive health saves an estimated $14.30 in healthcare and other costs. Better health, wellbeing and equity will enhance Australia's social and economic progress and can contribute to reduced absenteeism and presenteeism.[31]

Investment and enablers

23. Australia's investment in prevention is now much lower than the average for Organisation for Economic Co-operation and Development (OECD) countries.[32, 37, 38] 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 percentage of current health expenditure.[38]
24. Leadership and governance are key to addressing the determinants of health through strategic and coordinated whole-of-government responses. For instance, Health In All Polices 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 (SDGs). [39]

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25. A well trained and resourced health promotion and prevention workforce is essential. Building and enabling this workforce requires workforce planning, supportive systems and infrastructure, standards, accreditation via the International Union for Health Promotion and Education, and ongoing training.[40]
26. Evidence, research, evaluation, quality data and monitoring are essential tools for ensuring support for an effective portfolio of health promotion and prevention programs and policies and require a strategic, comprehensive and ongoing approach including workforce capacity building.[41, 42]

International goals

27. Implementing this policy would contribute towards achievement of UN SDGs 3: Good Health and Wellbeing, 10: Reduced Inequalities, 13: Climate Action, and 17: Partnerships to Reach Goals.

AHPA and PHAA seek the following actions:

28. As a priority, the Australian Government must progress the implementation and adequately fund the National Preventive Health Strategy 2021-2030, including the establishment of an independent governance mechanism, monitoring and evaluation. The independent governance mechanism should include members with recognised broad based health promotion expertise.[12, 43]
29. All State and Territory governments in Australia must commit to a target of at least 5% of annual health expenditure being directed to health promotion and prevention. Funding should be ongoing and stable over the long term.
30. The Australian Government adopt a whole-of-government multisectoral approach, such as Health in All Policies, and establish the necessary governance structures, mechanisms and processes to enable cross-government collaboration to support the application of a health and equity lens across public policy. All Australian state and territory governments adopt similar whole-of-government multisectoral approaches to support the delivery of healthy public policy.[44]
31. Governments engage and support non-government sectors to recognise and maximise their potential to bolster good health and ensure their policies and services support the health of their staff and the broader community.
32. There should be a comprehensive long-term strategy to measure and report on health promotion and prevention indicators beyond what is already included in the Australian Institute of Health and Welfare publication *Australia's Health*, including regular Australian Health Surveys.[45, 46] Governments should examine models for organisational structures to evaluate the cost-effectiveness of health promotion and prevention interventions such as the National Institute of Health and Care Excellence. [32] Evaluation should be systematically integrated (and resourced) into health promotion and prevention strategies from the design stage.[47]
33. Key decision-makers (policy actors) and practitioners actively engage with, and utilise, the high-quality evidence published in the Health Promotion Journal of Australia and the Australian and New Zealand Journal of Public Health to formulate and revise national health and social policies, programs and services.[48]

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34. The health promotion and prevention workforce should be identified, recognised and registered (through the International Union for Health Promotion and Education National Accreditation Organisation) as an integral part of the health system with associated workforce support strategies.

AHPA and PHAA resolve to:

35. Advocate for the above actions to be taken based on the principles in this position statement.
36. Work with our membership to support workforce planning and professional development including cross-sector collaboration to equip the workforce to address health equity and the social determinants of health.
37. Undertake ongoing campaigns to address the negative impact of industry lobbying on the community's beliefs about the prevention and support campaigns to address planetary health and health equity.
38. Encourage and support the registration of Health Promotion Practitioners through the International Union for Health Promotion and Education National Accreditation Organisation.

(Adopted 2018 and revised 2024)

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