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Editorial

Positioning health promotion as a policy priority in Australia

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Recent Australian scholarship has provided a clear rationale for investing in health promotion policy in Australia.[1] This is consistent with the aim of the Australian Health Promotion Association (AHPA) 'to advance the health of all people in Australia through leadership, advocacy and support for health promotion action in practice, research, evaluation and policy'.[2] A key element of AHPA advocacy platform has involved the adoption of a multi-partisan approach. This means engagement with political parties of different persuasions as a means to support health advancement in Australia. One recent opportunity involved participation in the Labor Party's National Health Policy Summit (the Summit). It was hosted jointly by the Leader of the Opposition and the Minister for Indigenous Affairs and Aboriginal and Torres Strait Islanders, the Shadow Minister for Health, and the Shadow Minister for Ageing and Mental Health. Held in Canberra on 3 March 2017, it was an invitation-only event attended by 150+ representatives of professional health bodies from around Australia. The authors of this editorial represented AHPA at the Summit, and the commentary reflects our views based on participation in the Summit (it does not necessarily reflect a policy position of AHPA).

Key areas of health policy discussion at the Summit included:

- Protection, prevention and promotion
- Primary, secondary and community care
- Hospitals
- Mental health and suicide prevention
- Ensuring universal access for all Australians
- Designing our health workforce for the future
- Tackling health inequality and other whole-of-government challenges
- Innovation across our health system.

Our aim is to summarise and share the most pertinent themes of the Summit discussions associated with health promotion and tackling health inequities.

Key themes

There was recognition that current investment in prevention has fallen to less than 1.5% of the national health budget. There was a Labor commitment to increase this investment consistent with AHPA's recent advocacy efforts.[3] Invited participants called for an investment of 5–6% in prevention, in parity with that of Canada and New Zealand. In addition to the economic investment into health promotion and prevention, we also discussed investments in the social determinants of health (SDH), leadership and governance, data, workforce and Indigenous health.

Social determinants of health

The relationship between the SDH, health equity and health outcomes was a common theme in many sessions. Action across portfolios to address these determinants was widely supported as fundamental to improving health outcomes. Intersectoral action and whole-of-government approaches aiming to achieve health equity were referred to as the adoption of a SDH framework. Debate centred on the utility of the terminology 'SDH', especially when engaging the lay public and politicians, and the need to describe responsive actions in a simpler and more accessible way. There were explicit mentions of the value of a Health in All Policies (HiAP) approach as a mechanism for achieving policy change in other sectors including housing, employment, education and climate change. This message was consistently reinforced by colleagues in allied health, nursing and medical professions. HiAP was broadly discussed in relation to drug use, rural and remote health, mental health, disability and Indigenous health, to name a few. There was a plea to take a strengths-based approach when using a SDH framework to address health inequities.

Leadership and governance

As well as all three levels of government needing to collaborate more cohesively, there was a call for government to work with communities and non-government organisations to plan and implement policies, programs and services. Related was a strong push for community governance and empowerment. There were calls for government to be brave in setting policy directions tackling difficult issues, to avoid spending too much time preparing new strategies when they have already been developed, and to implement the advice of health experts. While leadership was a prominent theme that cut across many conversations, there

was little discussion about what leadership might look like in terms of governance arrangements for good health promotion and prevention. Perhaps this demonstrates the need for a broader conversation about the leadership and/or stewardship roles that the health (promotion) workforce might take in addressing health outcomes, including through other national public policy priorities such as environment, climate change, employment, education and productivity .[4–5]

Data and evidence

There was discussion about data and evidence at multiple levels, such as surveillance data to guide timely decision making in relation to key health directions. There were frank discussions about service provision and respective outcomes achieved through current health investments, including who benefits and who loses. For example, the generation of good data, independent evaluations and robust evidence to drive decision making were considered critical to support mental health investments and sound mental health promotion. Discussion about recalibrating the national investment into health research towards health promotion and public health, particularly that relating to strategies involving intersectoral action, was also a hot topic. There was broad recognition that research of this nature has the potential to have high translational impact and to contribute significantly to population health gains. Not surprisingly, there was subsequent discussion about the effective translation of evidence into practice and policy spheres in health and other social services sectors.

Workforce

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.[6] 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.

Indigenous health

There was widespread recognition that Indigenous health is a critical area of investment. However, it was also recognised that there is a high level of duplication in resources, without much coordination and collaboration. The importance of promoting self-determination among Indigenous communities in the design, delivery, monitoring and evaluation of services and programs was highlighted. Increasing Indigenous participation in governance was seen as an important issue within mainstream health services (particularly those that commission Indigenous health programs, such as Primary Health Networks). The need to bolster governance support for Aboriginal community-controlled health organisations was also recognised. Another fundamental concern was racism experienced within the health sector, and the need to ensure the cultural competence of the health and social services workforce.

Conclusions

There was support from most Summit participants for redressing the minimal investment in prevention and addressing the SDH, particularly through close partnerships with other sectors whose policies and practices affect health outcomes. There was demand for infrastructure requirements to be acknowledged and supported in health policies, including the collection and use of better data to inform decision making. Investment in translational research with a health promotion orientation was also a high priority.

The overarching discussion supported the need for a comprehensive approach to health promotion.[7] It was recognised that multi-strategy approaches are needed for such an approach to be most effective. Similarly, there was a high uniformity in views about the types of investment required and a common denominator of goodwill. There are some important lessons to take away. In the professional view of the authors, based on their participation in the Summit, the term 'health promotion' appears to have lost its utility within current Australian policy contexts. Other terms, such as 'prevention', 'healthy lifestyles' and 'promotion', were used more frequently. For some professionals, these terms are fundamentally different from 'health promotion'.[8,9] It is pivotal to articulate the important role and function that health promotion plays within Australia's health system and that of other sectors, including the human services.[5,10] We need to reinforce that the work we undertake, in its various forms, is about improving population health by keeping people healthy and preventing illness. We also need to emphasise that we do this in an equitable, sustainable and economically efficient way.

The Summit was the beginning of a process by the Australian Labor Party, which has committed to progressing an ongoing dialogue about health policy directions in Australia. At the conclusion of the Summit, the Opposition Leader, Bill Shorten, commented that 'we need to keep talking, keep listening and get the smartest views from communities, experts and consumers … We need to be sufficiently ambitious for health care policy …. We have to get from good ideas to good outcomes'.[11] The Australian Health Promotion Association looks forward to working with all political parties and contributing to this important national health policy dialogue in an ongoing way.

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