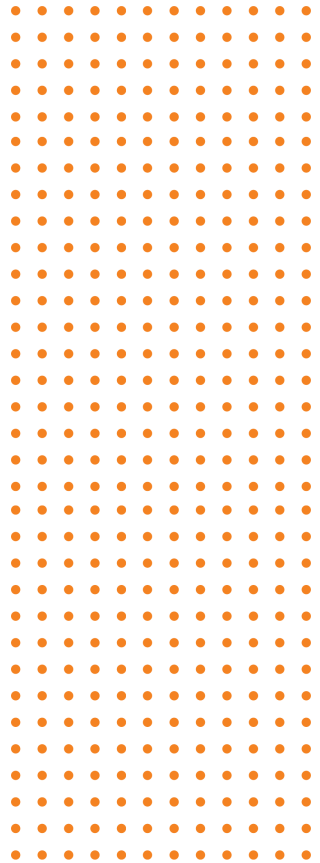


# *Policy Document*

## Health Promotion and Protection (2023)



### Position Statement

AMSA believes that:

1. Effective health promotion and disease prevention requires an integrated approach reflecting the principles of the Ottawa Charter, that recognises the importance of structural change over individual behavioural factors.
2. Structural violence must be acknowledged when implementing primordial prevention, recognising that health disparities are not merely a result of individual choices but are often deeply rooted in unjust socio-economic structures.
3. The Federal government must adopt a Health in All Policies (HiAP) Approach, emphasising the interconnectivity of various sectors with public health outcomes.
4. It is crucial to recognise and address Australia's socio-geographical health context, including the challenges arising from historical and ongoing processes of colonisation and systemic racism.
5. The Federal Government should prioritise local community leadership in national health promotion decisions by recognising the scholarship of Aboriginal and Torres Strait Islander people, investing in community-based organisations and research, and working towards a self-determined model of health promotion.
6. State and Territory Governments should prioritise community-led involvement in health interventions through a strengths-based approach underpinned by community asset mapping, health literacy, and a focus on both domestic, societal, and cultural health determinants.
7. Australian Medical Schools should integrate health promotion into their curricula, thus facilitating interdisciplinary collaboration and grounding future medical professionals in holistic health epistemologies, including the intricate relationship between human health, environmental health, and the broader ecological landscape.

#### Head Office

A Level 1,  
39 Brisbane Avenue,  
Barton, ACT 2600

#### Postal Address

PO Box 6099,  
Kingston, ACT 2604

#### ABN:

67079 544 513

#### Email:

[info@amsa.org.au](mailto:info@amsa.org.au)

#### Website:

[www.amsa.org.au](http://www.amsa.org.au)



## Policy Points

AMSA calls upon:

### 1. The Australian Government to:

- a. Implement policies that mandate the leadership of community members in decision-making processes related to health promotion programs, policies, and services at local, regional, and national levels;
- b. Create funding programs that provide grants to community-based organisations to build their capacity, enhance their skills, and develop innovative health promotion initiatives;
- c. Allocate resources for community-based research projects that engage local residents in data collection, analysis, and interpretation to inform health interventions tailored to community needs;
- d. Invest more funds in the health budget to health promotion and preventative health initiatives and ensure that distribution of these funds is aimed at addressing health inequities through a systemic lens;
- e. Improve accessibility to data relating to healthcare expenditure, outcomes, information, and education for all stakeholders, including but not limited to government departments, specialty colleges, and community health organisations;
- f. Establish digital platforms that enable community members to access health information, resources, and support networks, fostering community engagements and action;
- g. Ensure that those leading health promotion campaigns and programs have access to appropriate and complete data regarding projects of interest;
- h. Improve data collection and monitoring at all levels to inform health promotion initiatives, ensuring that communities retain sovereignty over any data collected about them, their health or their knowledge;
- i. Promote the Health in All Policies (HiAP) Approach by:
  - i. Recognising and incorporating the key insights from the Ottawa Charter for Health Promotion into national policy-making, emphasising the interconnectedness of sectors like urban planning, active transportation, environment, and education with public health outcomes;
  - ii. Prioritising funding and research towards understanding and addressing the links between various socio-political determinants and health outcomes;
  - iii. Ensuring all government policies, even those beyond the healthcare sector, are evaluated using an intersectional



framework for their health implications and are consistent with promoting overall population health;

iv. Acknowledging Australia's unique socio-geographical health context by:

1. Strategically investing in self-determined health promotion strategies that consider the challenges arising from historical and ongoing processes of colonisation and systemic racism, and recognise the strength, resilience, leadership and unique health epistemologies of Aboriginal and Torres Strait Islander populations, to better inform environmental, transportation, housing, and employment policies.
2. Incorporating the 'Settings Approach' in all health interventions, ensuring that the design of public spaces, educational institutions, workplaces, and communities prioritise health and wellbeing.
3. Focusing on developing place-based public health initiatives that embrace and address Australia's culturally heterogeneous population.

j. Advocate for reflexivity, transparency, accountability, participation, and evidence-based policy-making in health promotion and healthcare delivery by:

- i. Engaging with underserved communities, ensuring their knowledge, perspectives, and needs are integrated into health policy recommendations and clinical practice;
- ii. Continually seeking out research opportunities and collaborating with peers from diverse disciplines to understand and address complex health challenges holistically;
- iii. Improving and maintaining transparency about government health promotion strategies with communities by sharing data regarding outcomes and policy development;
- iv. Evaluating accountability using meaningful metrics designed by the community, and co-designing a reparative process if markers are not delivered on;
- v. Favouring community-led policy development to ensure that health policy reflects and supports the needs of a heterogeneous population.

**2. State and Territory Governments to:**

a. Promote co-design and community-led health promotion by:



- i. Introducing policies that require health interventions to be community led, ensuring self-determination, cultural relevance, effectiveness, and sustained community ownership;
  - ii. Implementing policies that mandate the inclusion of community members in decision-making processes related to health promotion programs, policies, and services at local, regional, and national levels;
  - iii. Ensuring the preservation and support of traditional cultural practices related to health and wellbeing within Aboriginal and Torres Strait Islander and cultural communities;
  - iv. Enforcing policies that ensure diverse representation in health-related decision-making processes, including underserved populations, whilst addressing discriminatory systems and practices to avoid tokenism and promote equity and inclusivity;
  - v. Recognising and addressing historical harms created by paternalistic and inappropriate health promotion activities driven by, and not limited to, racist or transphobic agendas.
- b. Promote a strengths-based approach to the design and implementation of health promotion by:
- i. Emphasising the importance of community-led, self-determined and place based health promotion;
  - ii. Acknowledging the inherent strengths, knowledges and health epistemologies of communities, and avoiding paternalistic health promotion;
  - iii. Supporting asset mapping exercises from within community to identify existing resources, strengths, and capacities that can be utilised for health promotion initiatives;
  - iv. With the guidance of community, identifying local individuals, groups, and organisations with capacity to undertake health promotion initiatives, or whom are already undertaking initiatives, and support them in guiding, designing and undertaking these initiatives;
- c. Introduce community health impact assessment requirements in programs at all levels by:
- i. Integrating community health impact assessments into urban planning and development processes to ensure that health considerations are central to community design;

- ii. Collaborating with communities at small group and individual levels to gain comprehensive understanding of how programs and initiatives will impact local groups and communities.
  - d. Promote health literacy and education at the state and community level by:
    - i. Encouraging, supporting, and promoting community-led health education campaigns that raise awareness and promote healthy behaviours;
    - ii. Developing population-specific education campaigns that are available in multiple languages and address specific health concerns of different populations;
    - iii. Establishing community health hubs that provide accessible, comprehensive health services and resources and promote a collaborative approach between healthcare providers and local residents.
  - e. Promote community-led programs and initiatives by:
    - i. Allocating resources for community-based research projects that engage local residents in data collection, analysis, interpretation and implementation to inform health interventions tailored to community needs;
    - ii. Establishing and supporting local health committees or councils composed of community representatives, health professionals, and relevant stakeholders to collaboratively identify and address local health needs;
    - iii. Creating funding programs that provide grants to community-based organisations to utilise and develop their existing capacity, skills, and develop innovative health promotion initiatives;
    - iv. Investing more funds in the health budget to health promotion and preventative health initiatives.

### 3. Australian Medical Schools to:

- a. Further integrate health promotion into the medical school curriculum by:
  - i. Including teaching regarding health promotion, reflexivity, lifestyle medicine concepts, and social prescribing education including practical training in community engagement and participatory approaches;
  - ii. Enforcing compulsory community-based learning requirements that incorporate community-based learning experiences through which medical students engage with local communities to understand their health needs and

- develop skills in the co-designing of health promotion initiatives;
- iii. Ensuring that teaching equips medical professionals to deliver health promotion activities in a culturally safe environment;
  - iv. Introducing a research requirement where students conduct research focused on community health needs, interventions, and outcomes in order to foster evidence-based health promotion practices;
- b. Introduce faculty training requirements in health promotion to ensure that staff members and faculty are appropriately trained in health promotion principles to enable them to effectively teach and mentor students in community engagements and action;
- c. Integrate One Health and health protection approaches into the curricula by:
- i. Educating medical students with knowledge on the interconnectedness of human health, animal health, and environmental health, ensuring a well-rounded understanding of health threats;
  - ii. Introducing modules on emerging infectious diseases, their links with changing environmental and socio-political contexts, and the implications for health protection and promotion in Australia.
  - iii. Emphasising the importance of holistic health strategies that combine both reactive health protection measures and proactive health promotion efforts.
- d. Promote broader ecological, environmental, and zoological training contexts in medical education by:
- i. Facilitating interdisciplinary and transdisciplinary learning opportunities, encouraging medical students to collaborate with environmental science, ecology, veterinary science, and sociology students to understand broader determinants of health;
  - ii. Fostering an appreciation for Australia's unique health landscape, especially in relation to Vector-Borne Diseases, Emerging Infectious Diseases and Neglected Tropical Diseases, and the importance of integrating both health protection and health promotion strategies.

**4. The Australian Medical Students' Association to:**

- a. Develop community engagement guidelines for medical schools and organisations by:



- i. Developing and promoting guidelines for medical schools and organisations on effective community engagement and health promotion strategies to encourage member involvement;
  - ii. Advocating for policies that prioritise health equity and social justice in medical practice and education in order to encourage members to actively address disparities;
- b. Introduce and promote recognition and rewards for individuals engaged in community health promotion by:
  - i. Establishing policies to recognise and celebrate medical professionals, students, or organisations that demonstrate commitment to community health promotion;
  - ii. Promoting and recognising collaborative partnerships between medical organisations and community-based organisations that address local health needs.

## Background

The Ottawa Charter of 1986 was designed to achieve Health for All by 2000 focusing on three strategies: to enable, mediate and advocate for health promotion.[1]

There are five key elements to the charter:

1. Create supportive environments for health;
2. Strengthen community action for health;
3. Develop personal skills;
4. Reorient health services;
5. Building healthy public policy.[1]

The Ottawa Charter's elements - fostering healthy public policies, creating supportive health environments, strengthening community actions, developing personal health skills, and reorienting health services towards a more prevention-centric paradigm have the potential to improve Australia's current health system. This Charter not only re-orientes Australia's national health discourse towards primordial and primary prevention, but also underscores the need for collaborative, multi-sectoral strategies that integrate policy-making, community empowerment, and individual skill development. Through its guiding principles, the Ottawa Charter plays an instrumental role in shaping and informing the direction of health protection and promotion in Australia, emphasising a holistic, community-centred approach

that intertwines individual and community well-being with societal and policy-level interventions.[2,3]

### Creating Supportive Environments for Health

The charter's emphasis on fostering supportive environments underscores the profound relationship between individuals and their environments.[4] This paradigm resonates with the socioecological approach to health, applicable at local, national, and global scales. Enhancing individual living conditions, mitigating socio-economic inequity, preserving natural resources and ensuring environmental safety in a changing world are all aspects of creating supportive environments.[5] This element of the Charter is often conceptualised through the 'Settings Approach' to health model.

The 'Settings Approach' to health promotion encapsulates the essence of the Ottawa Charter, emphasising that health is shaped in the very settings where people engage in daily activities, from schools and workplaces to cities and towns.[6] In recent years, the field of public health has further discussed the idea of 'structural violence' which refers to the systematic ways in which social structures harm or otherwise disadvantaged populations, entrenched in longstanding disparities in wealth, education, and health - and perpetuate conditions of disadvantage.[7-8] In health promotion, acknowledging structural violence is crucial as it recognises that health disparities are not merely a result of individual choices but are often deeply rooted in these aforementioned unjust structures.

A settings-based approach to health, which emphasises fundamentally the importance of creating supportive environments - is tied to building healthy public policy. To counteract structural violence, public policies must prioritise health equity, recognising that achieving optimal health goes beyond individual behaviours and access to healthcare services, and rather, necessitates a comprehensive understanding and action on sociopolitical determinants, inducing education, employment and housing and economic policies.[9] Robust healthy public policy approaches challenge ingrained prejudices present in many institutional structures and demand accountability from entities that may perpetuate structural violence, and moreover, encourages participatory policy making, ensuring that underserved groups – often most affected by structural violence – have a voice in decisions that impact their health and lives.[9-10] One such approach, the Health in All Policies model, is discussed in the 'Building Healthy Public Policy' section of this document.

Creating supportive environments extends to creating safe and stimulating working and living conditions. The pattern of life, work and leisure is changing and can significantly impact health.[1] This is of particular note in the medical field which promotes a poor balance resulting in dissatisfactory health outcomes. A 2022





research questionnaire found that in a sample of over 100 general practitioners there was a positive association between work life balance and burnout (emotional exhaustion, cynicism, professional efficacy) and motivation to stay in the profession.[11] Likewise, longer working hours across literature have been shown to adversely affect occupational health of workers – be it time spent working or commuting – and have been linked to increased risks of cardiovascular disease, chronic fatigue, stress and all-cause mortality.[12] However, there have been ongoing efforts to improve workplace health and safety regulations, which extend beyond mere physical safety to address ergonomic design, mental well-being, and the promotion of work-life balance. Australian workplaces are shifting to increase health-promoting activities, such as wellness programs, regular health screenings, and mental health support, reflecting a commitment to holistic employee welfare.[12]

Further, an essential aspect of building a safe environment is ensuring safe and supportive communities. Community spaces can be optimised to allow for a stronger sense of belonging, and promote good health. The health outcomes associated with a rise in urbanisation attest to the importance of environmental determinants of health.[13] The changing patterns in technology, work and energy production associated with urbanisation may be essential but require action to ensure positive public benefit. This can encompass the protection of natural and built environments.[1] Beyond the workplace, urban planning and housing policies in cities like Melbourne and Sydney have emphasised creating more green spaces, pedestrian-friendly zones, and public areas that encourage physical activity and social interaction. The increase of community gardens and parks serve as hubs for community interaction and physical activity. It is important that there are safe community areas that are accessible such as parks, support groups, mental health groups, exercise areas, community gardens and outdoor areas with clean air.[14] In addition to this, urban design can be harnessed to promote healthier lifestyle choices. Enhancements like safer bike tracks, increased bike racks, and improved road safety play a pivotal role. The intrinsic walkability of urban spaces, as one systematic review suggests,[15] could be a potent tool to stimulate physical activity, enhancing both active transportation and deliberate exercise. Health Impact Assessments are a useful tool to analyse the efficacy of different environmental modifications such as active transport infrastructure, and can inform future urban design choices.[15]

It is also important to note the significant link between environment and health, and the growing impact that climate change will have on individuals and communities. The effects of climate change including pollution, agricultural issues, accessing clean water, heat related disease, natural disaster, and infectious diseases are discussed in the AMSA policy *Climate Change and Health (2023)*. [16] The policy also

details mitigation strategies which can be applied through a health protection lens.

### Inclusivity & Safety for All People

Central to health promotion and disease prevention in Australia is the creation of supportive environments that champion inclusivity and safety. By fostering greater equity, we pave the way for holistic health approaches that benefit all community members. This extends beyond mere physical health to encompass visibility, inclusivity, and the overall safety of underserved groups. As previously mentioned, understanding the structural violence that has resulted in this inequity is important to inform all health promotion initiatives.

An immediate concern in this domain is the imperative to create culturally safe healthcare settings directed by Aboriginal and Torres Strait Islander communities. Engaging in meaningful reciprocal dialogue, upholding self-determination and maintaining data sovereignty are vital to ensuring culturally appropriate and effective interventions.[17] AMSA's position on health promotion relating to Aboriginal and Torres Strait Islander peoples is further developed in *Aboriginal and Torres Strait Islander Health (2023)*. [18] AMSA's position pertaining to data sovereignty is described in *Digital Health (2023)*. [19] Furthermore, health promotion efforts must consider other underserved groups. This includes, but is not limited to, the LGBTQIASB+ community, the elderly, people in regional and rural areas, people with disabilities and those from migrant backgrounds. For further detail on health promotion interventions specific to the aforementioned communities, refer to *LGBTQIASB+ Health (2023)*, *Regional, Rural and Remote Health (2022)*, *Disability Care and Support (2022)*, *Healthy Ageing and Aged Care (2022)* and *Mental Health Support Structures (2023)*. [20-24]

Ensuring positive early childhood experiences is foundational to lifelong health. Recognising that every Australian is deserving of a robust start in life is pivotal in framing health promotion initiatives.[25] The Australian Institute of Family Studies suggests that ensuring all children get the best start in life should explore early intervention and prevention, in parental support to improve child safety and wellbeing.[25] They have suggestions as to how to reduce abuse and neglect, including educating parents through accessible formats such as social media about key stages of childhood development and tailor early interventions towards diverse needs of families including through separations, unemployment, illness and disability.[26] The intertwined nature of supportive environments, be it in the community or home, and health outcomes underscores their importance in the broader scheme of disease prevention and health promotion in Australia.

## Strengthening Community Action

“Strengthening community action” refers to increasing community-level access to opportunities that promote principles of diversity and equity in health.[1] This action area recognises that communities often possess the skills, strengths and understanding needed to implement health promotion interventions, and only lack access to resources and institutional power. Effective strengthening can achieve bottom-up community and systems-level change, encouraging communities to design and develop health promotion initiatives that target local public and population health priorities.[27] This process involves strengthening communities to make decisions, plan and implement health promotion initiatives, and engage in the review and evaluation of these initiatives in order to strengthen public participation and motivate individuals to take ownership of health matters.[1,28]. This requires full and continuous access to information to allow for community led research and implementation, data sovereignty, and appropriate funding. Strengthening community action should be implemented in conjunction with the other action areas of the Ottawa Charter in order to be most effective.[1,27] Communities should be provided with the resources and opportunities required to lead decision-making processes and strengthen local health and social systems, celebrating community ownership of research design, implementation, and evaluation, as well as encouraging the interventions that emerge as a result of these processes. This form of community empowerment results in community-driven data, solutions, and policies through which local health promotion initiatives are transformed, community wellbeing is improved and health outcomes are maximised.[29].

Laverack & Labonte (2000) argue that in order to strengthen community action and empowerment, health promoters must consider how program implementation:[28]

- Improves stakeholder participation;
- Increases problem assessment capacities;
- Develops local leadership;
- Builds empowering organisational structures;
- Improves resource mobilisation;
- Strengthens stakeholder ability to ‘ask why’;
- Increases stakeholder control over programme management;
- Creates an equitable relationship with outside agents;

Fry & Zask (2017) further outline appraisal criteria for the extent to which strengthening community action has taken place, led by three key questions:[27]

1. Do actions offer opportunities to bring people in the community to discuss issues, make decisions about preferred responses, and/or take collective action?
2. Do the actions offer resources to bring people in the community together to discuss the issues, make decisions, take collective action and act as advocates for improvements?
3. And, are some or all of the actions influenced upon by members of the community rather than only by professional staff of the organisation running the programme?

Co-design of health interventions encourage strengthening community action through collaboration with communities, stakeholders, and end-users to collectively design and develop programs, policies, or services that address specific health needs within communities while aiming to promote positive outcomes.[1] This method is led by the principles of equal partnership, openness, respect, empathy, and collaborative design.[30]

Consumer advocacy groups play a key role in this area as a key component of the co-design process. They act as the bridging body between state and federal-level policy writers and the communities they are trying to target, allowing them to advocate for the health priorities of those communities and provide an on-the-ground perspective of the progress and effectiveness of health promotion initiatives and programs.[31] Consumer advocacy groups have the capacity to both advocate for the health priorities of specific communities and provide an on-the-ground perspective of the progress and effectiveness of health promotion initiatives and programs. They may function as centralised community education bodies in addition to advocacy and communication groups that interact with higher level governments and organisations and develop strategic alliances in order to improve health outcomes and service delivery.[31] Co-design initiatives provide communities with frameworks, skills, and resources to plan, implement, and evaluate health-related actions and policies.[32] The effectiveness of these initiatives can be improved if consumer advocacy groups are involved and function to encourage the mobilisation of local community members and empower them to take control of their health outcomes.[32]

## Developing Personal Skills

Yet another action area of the Ottawa Charter relates to developing personal skills.[1] This entails enabling people to exercise more control over their health by providing them with information on health. Educating people throughout their life may allow them to prepare themselves to navigate inequitable social landscapes, integrate different health epistemologies to reach individual and community health goals, and be active in building healthy environments.[33] Ultimately, this action area aims to improve health literacy and requires actions from numerous parties such as educational, commercial and voluntary bodies as well as institutions themselves.[1] When discussing health literacy, it is important to note that this is often only conceptualised through western biomedical epistemologies. Rather, health promoters and practitioners must recognise that becoming more health literate should involve mutual capacity building and be encouraged to learn about their patient's conceptions of health.

It is important to note that prior to the Health Literacy Questionnaire (HLQ), the 2006 Adult Literacy and Life Skills (ALLS) survey, which found only 40% of Australians had a 'sufficient' level of health literacy, was the main health literacy indicator of the population.[34] Currently, Australia assesses population-wide health literacy with the HLQ, the most recent having been conducted in 2018.[35] This tool has been validated in Australia and abroad. However, the Australian Bureau of Statistics (ABS) acknowledges that the HLQ does not give a total score of health literacy but rather provides information about the gaps or strengths in the health literacy of the population. The findings from the 2018 survey show that 97% of people agree that they have sufficient information to manage their health. However, as many as 17% of people disagree that they are able to appraise health information. There was also noted variation by age group and main language spoken at home in some domains; younger age groups found it more difficult to navigate the healthcare system and a higher proportion of people who spoke English at home felt more understood and supported by healthcare providers.[35] Thus, there appears to be a strong association between social determinants of health and low health literacy. These determinants include but are not limited to low levels of education, socioeconomic status and being from a culturally diverse background.[26]

The National Preventative Health Strategy 2021-2023 outlines Australia's long-term approach to prevention.[25] Its main objective is to provide Australians with an evidence-based health literacy environment where health information is tailored and accessible to all and is able to foster improved health literacy skills. The strategy aims to ensure that at least 5% of total health spending will be dedicated to investments in preventative health by 2031. However, the 2022 Budget



Announcement lacked investments towards this strategy.[37] Interventions to improve health literacy have been implemented in various settings in Australia and worldwide. For instance, the 'Language services funding for large users' is a Victorian initiative that aims to provide more linguistically-appropriate information, care and services to healthcare clients from culturally and linguistically diverse backgrounds.[38] The achievements by 2030 outlined by the national strategy revolve around improving health literacy through national interventions and guidelines.[25]

### Social Marketing as a Means for Developing Personal Skills

Social marketing employs techniques and principles of commercial marketing to bring about societal change. As a means of health promotion, its primary objective is not profit but rather, the promotion of social goods and values. Through strategic communication and tailored interventions, social marketing campaigns can influence individual behaviours and societal norms.[39]

Social marketing may provide an innovative framework for delivering health education.[40] The use of this for health promotion is well established in Australia, with notable campaigns such as 'The H30 Challenge' which targeted 18 to 30 year olds who are some of the highest consumers of sugary drinks.[41] This social marketing campaign encouraged Victorians to pledge to replace a sugary drink with water for 30 days. It proved effective in its objective with 53% of participants who consume more than five sweetened beverages per week indicating that they were motivated to switch to water after seeing the campaign.

Likewise, the "Slip! Slop! Slap!" campaign, aimed at promoting sun safety, and contributing to the decrease in melanoma in young Australians, is a testament to the potential of social marketing.[10] Social media has also become an influential tool in health promotion in recent years, with platforms being used by many stakeholders.[42] For example, health organisations can share education content, including videos and infographics, to promote health awareness. Policy makers can engage with communities and stakeholders using social media, and can use social media conversations to better understand public opinion to inform policy decisions. Social media can also be a powerful tool for advocacy and activism to raise awareness about health-related issues and mobilise support for policy change.[42] However, there are limitations to digital social marketing, specifically with regard to the spread of misinformation. Due to frail barriers on social media, users have the indiscriminate power to share unverified information with others. This liberty has the potential to be monopolised and may pose drawbacks to digital health promotion.[43]



## Reorienting Health Services

The leading causes of death in Australians are outlined in Table A. As explored in AMSA's *Non-Communicable Diseases Policy*,<sup>[44]</sup> these leading causes of death are largely contributed to by, and caused by, lifestyle and environmental factors. Therefore, the onset, and poor outcomes, of these diseases are largely preventable. Current health expenditure is highly skewed towards acute illnesses and acute complications of chronic disease, – for example, heart attacks secondary to cardiovascular disease.<sup>[45]</sup> However, a lot can be done about chronic diseases with early treatment and prevention, and these interventions result in high benefit-cost ratios.<sup>[45]</sup>

**Table A: Leading causes of death in Australians by sex (adapted from).<sup>[46]</sup>**

Males	Females
1. Coronary artery disease.	1. Dementia including Alzheimer's disease.
2. Dementia including Alzheimer's disease.	2. Coronary heart disease.
3. Lung cancer.	3. Cerebrovascular disease.
4. Cerebrovascular disease.	4. Lung cancer
5. Chronic obstructive pulmonary disease.	5. Chronic obstructive pulmonary disease.

Non-communicable, chronic diseases have an alarming impact on workforce productivity, development and economic opportunity.<sup>[45]</sup> This is particularly apparent in a country with good health and high standards of living such as Australia, as the impact on the economy when people are unable to work due to chronic disease is much greater.<sup>[45]</sup>

General practice and primary health care are where these interventions are best placed and most effective. It is where early disease can be identified and treated, to prevent severe disease and the associated poor health outcomes. Investment in primary health care attracts a relatively small per-person expenditure compared to public hospital funding.<sup>[45]</sup> A recent report published by the Victoria University found that for every \$1.40 invested in interventions to reduce and prevent CVD and diabetes targeting working adults aged 40-64 years old results in a \$13 return on investment. This includes productivity gains, lower health costs, and workers' lives saved. Similarly, every \$1.40 spent on mental health results in a \$28.30 return on investment.<sup>[46]</sup>

Currently, Australia's healthcare system struggles with delivering continuity in patient care and consistent levels of access.[47] One of the biggest culprits of this, is the significant workforce shortages resulting from the decreasing number of doctors pursuing general practice. Further, there is decreasing affordability of general practice care for patients due to the privatisation of general practice, secondary to poor sector funding and support. Increased primary health care investment can result in positive health and financial outcomes, as primary care is a common and invaluable site for health promotion to take place.[47] The Medical Journal of Australia, demonstrated that an increase in primary health care activity over a 6-year period resulted in the reversal of the increasing trend of emergency department presentations as a significant number of patients would be seen in the primary care clinics. This increase in patient interaction with primary care in remote areas was achieved through investment in key policy and structural inputs such as increased health checks, primary care staff and alcohol restrictions. Increased feedback from the community, increased employment of Aboriginal and Torres Strait Islander staff and cultural training for all staff lead to more culturally respectful services. More patient support staff also aided in patient participation as there was increased transport services to help patients attend appointments. Overall, the study also showed a decrease in numbers of deaths and an increase in those intending to quit smoking and drink within safe limits.[47]

The Australian healthcare system currently is still highly focused on the treatment of acute illness (including acute complications of chronic disease), and investment in health promotion and chronic illness prevention has progressively declined.[13] The most recent Federal Budget for Health focused on cost-of-living relief, including accessibility and affordability of healthcare through increased funding for Medicare (MDE). While increased funding for Medicare is certainly important, future health budgets need to commit to invest in health promotion, preventative health and lifestyle medicine interventions, given the known substantial return on investment this results in.[46] State Government Health Budgets also fail to recognise the importance of investing in primary care. For example, the Queensland Health Budget outlined that over 80% of its \$25.8 billion budget was to go towards hospital and health services, aiming to reduce ambulance ramping, emergency department wait times, and addressing surgery and specialist backlogs. Given that a huge contributor of the current burden on the healthcare system is non-communicable, chronic diseases, investing in the prevention, early recognition and intervention of these diseases is vital, and the way to reduce the burden on our hospitals.[46]

In order to achieve this, the healthcare workforce needs to be skilled in health promotion, preventative health, and lifestyle medicine.[46,48] There is currently a huge gap between what medical education currently entails, and what should be included in medical training. This stems from the change in the medical landscape.

For many centuries, medical treatment was sought most for acute problems, which once resolved, had patients return to normal function. Now, the prevalence of chronic disease has overtaken acute disease as the main reason modern patients see a doctor.[49] Up to 70% of all healthcare has been attributed to chronic disease,[49] but less than 5% of health expenditure is directed to health promotion and illness prevention.[46]

One of the challenges with treating chronic diseases is that patients often do not feel ill until they have progressed to a point where their organs or biological systems are no longer functioning properly. By the time a diagnosis is made, there is already permanent damage to the body and the disease can rarely be cured. Rather, treatment becomes more about symptom management.[49] General practitioners are the main healthcare workers who deal with and manage chronic disease, however, often lack the resources to address the complexities of lifestyle and environmental contributors to disease.[13,49] This is also the case for specialists involved in chronic disease, such as cardiologists and nephrologists, and allied health professionals. Education surrounding lifestyle medicine, preventative health, and health promotion, and how to intervene with chronic disease early, or prevent it, should be fundamental and core to the education of all healthcare providers, as outlined by the Australian Health Promotion Association.[46] This education should include concepts in line with the Australasian Society of Lifestyle Medicine, including formal nutrition education, and motivational interviewing techniques.

### **Building Healthy Public Policy**

Among the salient points of the Ottawa Charter, the principle of 'Building Healthy Policies' stands out as particularly important.[1] This principle underscores the indispensability of incorporating health considerations into every policy domain. Such a principle emerges from an understanding that health outcomes, while immediately linked to healthcare systems, are profoundly influenced by policies far removed from the healthcare sector. For instance, policies on urban planning, transportation, and education - traditionally not associated directly with health - can have substantial implications for population health.[50]

This nexus is captured by the Health in All Policies (HiAP) approach. Emerging in the early 21st century from a series of international dialogues and health conferences, the HiAP paradigm asserts that health outcomes are intrinsically linked to a range of socio-political determinants.[51] The HiAP approach posits that health is not merely an outcome of healthcare interventions but is a consequence of an array of factors, from urban infrastructure and air quality to socio-economic conditions and educational opportunities.[52]

Empirical research provides robust validation for this holistic understanding of health. For instance, studies have indicated a correlation between well-designed

public transportation systems and positive health outcomes such as reduced cardiovascular diseases, owing to decreased vehicular pollution and increased pedestrian activity.[53-54]. Similarly, research has delineated the myriad ways in which urban green spaces contribute to mental well-being, reduced stress levels, and overall community health.[55] Australia's unique socio-geographical context amplifies the significance of the HiAP approach. Given the current health inequities that exist in Australia, policies in sectors like environment, transportation, housing, and employment have pronounced implications for health outcomes.

The Health in All Policies (HiAP) model as adopted by South Australia represents a comprehensive paradigm, offering a holistic understanding of health that encompasses all its determinants.[55] Central to the HiAP model is the advocacy for rigorous collaboration amongst various governmental departments and sectors. Such inter-sectoral collaboration yields policies that are synergistic, thereby promoting optimal health outcomes.[56] A distinctive attribute of the HiAP model is its departure from merely reactionary strategies concerning health crises. Instead, it accentuates proactive measures, emphasising prevention and the formulation of long-term strategies aimed at enhancing the health and well-being of communities.[55] By proactively addressing the social determinants of health and instituting preventative measures, the model holds the potential to decrease significant future expenditures in the health sector.[57] Concomitantly, the HiAP model in South Australia is firmly rooted in evidence-based decision-making, ensuring that the resultant policies are not merely effective but also outcome-oriented. Furthermore, the HiAP process in this region demonstrates a commendable commitment to engaging a diverse range of stakeholders, including community members and other experts in the field, as well as non-governmental organisations.[58] Such inclusivity fosters the development of policies that are both comprehensive and representative of a multitude of perspectives.[56]

However, the HiAP model is not without challenges. Implementing an overarching framework that seeks to integrate health considerations across all sectors is a formidable endeavour. Inherent bureaucratic structures, compounded by disparate sectoral agendas, may act as impediments to collaboration. Additionally, the comprehensive nature of the HiAP approach, also poses considerable demands on resources. The intensive resource requirements, encompassing both financial and human resources, might present challenges for its expansive and sustained adoption.[57] Overall, the functionality of the HiAP components has established a robust base, and literature analysis of the approach has been indicating that HiAP could evolve from a standalone approach to a more cohesive and systematic policy-making instrument in Australia.[55,58]

In the Australian context, this approach takes on added significance given the nation's unique socio-cultural and geographical landscape. For instance, the health inequities arising from historical and ongoing processes of colonisation and systemic racism faced by Aboriginal and Torres Strait Islander populations underscore the need for a settings-centric health approach. For instance, historical, socio-cultural, and geographical factors converge to create a distinct health landscape for Aboriginal and Torres Strait Islander communities. Their deep connection to the land - both spiritually and physically - means that environmental policies resonate profoundly with their well-being.[59] Clean water access, land rights, and environmental conservation are not just socio-political issues, but remain intrinsic to Aboriginal and Torres Strait Islander peoples' health.[59]

#### Health Protection and One Health approaches:

Health protection refers to the policies and practices designed to ward off health threats and diseases, encompassing activities such as disease surveillance, immunisation, sanitation, and vector control.[60] In contrast, health promotion is proactive, focusing on improving well-being and preventing disease through influencing socio-economic, political, and environmental determinants of health. Both are integral to managing public health but approach it from different angles.

The 'One Health' approach, the World Health Organisation (WHO) strategy for encouraging interdisciplinary and transdisciplinary collaborations in all aspects of healthcare for humans, animals, and the environment,[61] holds particular importance in the realm of public health policy and health protection. At its core, it recognises the interconnectedness of human health, animal health, and environmental health, positing that an integrated approach is essential for the holistic well-being of all. Health protection and health promotion, though distinct, represent two pillars of a comprehensive public health strategy. Given the fact that approximately 60% of emerging infectious diseases in humans are zoonotic in nature, emanating from wildlife or livestock,[62] the One Health approach is not just beneficial but essential. Implementing public health policies that adopt a One Health framework ensures proactive monitoring and control of potential zoonotic outbreaks, bolstering health protection mechanisms. Emerging infectious diseases and vector borne diseases like the Ross River virus, Dengue, Barmah Forest Virus, Japanese Encephalitis, and Murray Valley Encephalitis have been ongoing concerns in Australia.[63-65] Their surge can be attributed to changing land use, urbanisation, and climate, especially in northern Tropical Australian regions, which create favourable habitats for vectors like mosquitoes.[66-67] Addressing these diseases necessitates a strong health protection approach, involving surveillance of disease hotspots, vector control, and timely medical interventions. Concurrently, health promotion plays a role in community education, fostering environments less



conducive to vector breeding, and enhancing public awareness about preventative measures.[68]

Further, neglected tropical diseases such as hyperendemicity of soil-transmitted helminthiases in remote Aboriginal and Torres Strait Islander communities, pose significant disease burden, and stem from inadequate sanitation waste infrastructure.[69-70] The life cycle of helminths, involving soil, human hosts, and at times intermediary animal hosts, exemplifies why a combined approach of health protection and promotion is necessary. While health protection strategies might focus on treating infected individuals and improving sanitation infrastructure, health promotion and strong health protection approaches which would target long-term solutions, structural changes to overcrowding and lack of adequate health hardware, emphasising community education and capacity building, will likely be more successful in creating sustainable solutions.[71-72]

Stakeholders can benefit from embedding the principles of One Health into their advocacy. It encourages medical students in training to think beyond the clinical setting, considering the broader ecological, environmental, and zoological contexts impacting patient health. Australia's unique health landscape accentuates the importance of delineating yet intertwining health protection and health promotion, especially when grappling with challenges like vector-borne diseases. Embracing a One Health perspective ensures that these two facets of public health are holistically addressed, leading to solutions that are both immediate and sustainable.

### Good Health Governance & Healthy Policy

The pillars of good health governance offer a roadmap for establishing equitable, effective, and sustainable health outcomes.[73] As society evolves and faces multifaceted health challenges, it is paramount for all stakeholders to champion these pillars, ensuring evidence-based, holistic, and inclusive health promotion strategies, stemming from a HiAP approach.[73-74]

The foundational strength of effective health promotion strategies rests upon solid governance and leadership. This involves a coordinated effort across sectors including different government levels, private entities, non-governmental organisations (NGOs), and community groups.[75] At the heart of this effort are the universally recognised pillars of good health governance: transparency, accountability, participation, consensus orientation, effectiveness, efficiency, equity, and a strategic vision.[76] Integrating these pillars reveals the intricate interplay between governance, leadership, and achieving optimal health outcomes [75-76]:





- *Transparency and Accountability:* Transparency ensures that decision-making processes are open, and the rationale behind decisions is clear to all stakeholders. This builds trust among the general public, health practitioners, and other sectors. Accountability goes hand in hand with transparency, as it ensures that stakeholders are answerable for their actions and that remedies exist for any shortcomings.
- *Participation:* A multi-stakeholder approach is imperative for policies to be holistic and effective. By involving entities from different sectors, including underserved groups, policies become more robust and inclusive. This is particularly vital as broad-stroke governmental policies can sometimes overlook the unique needs of smaller, underserved groups, exacerbating health inequities.
- *Consensus Orientation:* Good governance seeks to mediate differing interests to reach a broad consensus on what is in the best interest of the group and, where possible, on policies and procedures. This is especially crucial when addressing complex health challenges that span across various sectors of society.
- *Effectiveness and Efficiency:* The pillars of effectiveness and efficiency emphasise that institutions and processes should produce results that meet needs while making the best use of resources. With emerging health challenges, such as global disease outbreaks or the escalating mental health crisis, it's essential that leadership structures are not only effective in their outcomes but also resource-efficient.
- *Equity:* Central to good health governance is the principle of equity. Policies should ensure that all citizens, including the most underserved, have opportunities to improve or maintain their well-being. This involves designing health promotion strategies that specifically address systemic disparities and barriers to access.
- *Strategic Vision:* Leaders and the public should have a broad and long-term perspective on good governance and human development, along with a sense of what is needed for such development. This perspective should be coupled with an understanding of the historical, cultural, and social complexities in which that perspective is grounded.
- *Evidence-Based Policymaking and the Need for Independent Governance:* Integrating the aforementioned pillars requires policies to be rooted in evidence. Decision-making, while considering cultural and social nuances, should be anchored in scientific research, leveraging peer-reviewed journals

and studies to ensure the best outcomes. Additionally, the establishment of an independent governing body dedicated to health promotion, devoid of transient political influences and equipped with adequate funding, ensures long-term consistency and impartiality.

- *Investment in Health Promotion Research and A Whole-of-Government Approach:* The future of health promotion, embedded in good governance, necessitates significant research. Currently, there is limited funding dedicated to health promotion initiatives and research to make evidence-based public health decisions. Simultaneously, adopting a HiAP approach, wherein every governmental department considers health implications in their policy decisions, can magnify the positive health outcomes of non-health-focused policies.

Good governance in health is integral to the systematic consideration of health implications in the decision-making processes across different sectors.[75] Health in All Policies (HiAP) emerges as a pivotal strategy in this regard, emphasising the intertwining nature of health with various sectors and domains of society.[50] The commercial determinants of health, such as advertising strategies, product formulations, and corporate lobbying, wield significant influence on population health.[77-78] Often, commercial interests can lead to policies and environments that inadvertently promote unhealthy lifestyles, from the aggressive marketing of unhealthy foods to the strategic placement and pricing of tobacco and alcohol.[77] By integrating HiAP, governance can systematically assess the health consequences of these commercial determinants and develop regulations that ensure commercial practices align with public health goals.[77] Building healthy public policies means weaving health considerations into the fabric of policy-making, prioritising health protection over commercial interests, and promoting environments that naturally steer populations towards healthier choices.[78] Such an approach not only strengthens health promotion but also fosters a holistic societal view where health is recognised as both an individual right and a collective asset.

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Anna Duan, Asha Doolabh, Hemani Raj, Lucy Stewart, Melanie Hobi and Shevani Pothugunta; with Luka Bartulovich (National Policy Mentor), Harry Luu (National Policy Secretary), and Connor Ryan (National Policy Officer).

Adopted, Council 1, 2019

Kira Muller (Co-lead Author), Davina Daudu (Co-lead Author), Vandita Mattoo, Connie Jiang, Rebecca Wardell, Jacqueline Bredhauer, Rachel Yanner, Daniel Zou (Policy Officer)

*Formerly Health Literacy (2019)*

