AFAO Briefing Paper - May 1996

Health Promotion

Background

“Health Promotion is the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well being, an individual or group must be able to identify and realise aspirations to satisfy needs, and to change or cope with the environment... Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles into well being.”

(Ottawa Charter, 1986)

The ‘Ottawa Charter on Health Promotion’ to which Australia is a contributor has guided much of the response to HIV and AIDS in Australia. It allows us to put HIV/AIDS in a context which maximises opportunities for success. Health promotion has been embraced multilaterally in Australia and adopted in practice by State and Federal Governments, non-government organisations and medical and research bodies. Health promotion is one of the principle guiding notions of a partnership approach to HIV and AIDS in Australia.

In a health promotion context, prevention, treatments, care and support are placed along a continuum of health interventions. People’s responses to health choices are influenced by information, motivation, culture and circumstance. Building capacity in health promotion requires the maintenance of community participation in policy and program development and in the development of culturally and subculturally appropriate and targeted resources.

Issues

Health promotion is inclusive of and promotes individual responsibility and action, and does not solely rely on “social determinants of health”. In this sense it fits very clearly with the Government’s mandate for health reform.

A change of government is always a time for evaluation and re-examination. AFAO will need to demonstrate that health promotion is:

· useful
· tangible (in other words, that there are positive, measurable outcomes)
· cost effective.

Given the current focus on health and program outcomes, the HIV community sector will be under increasing pressure to demonstrate the effectiveness of its programs. AFAO and its member organisations will need to promote their abilities and successes in monitoring and evaluation, and utilising the evaluation findings in planning health promotion strategies. The

1 Ottawa Charter for Health Promotion. 1986. First international Conference on Health Promotion, Ottawa, Canada.
essential link between health promotion programs and affected communities will need to be built on. Peer education and community development models for health promotion will need to be clearly articulated and supported.

In order to optimise effectiveness, avoid duplication and take advantage of the economies of scale, health promotion activities and standards will need to be negotiated nationally in consultation with the community sector.

In order to ensure that health promotion effectiveness is measurable information regarding the state of health of the citizens of Australia is required. Such a data base will require national coordination.

**Recommendations**

1. AIDS organisations should seek in principle support for health promotion from their local parliamentarian.
2. The place of health promotion in a purchaser/provider health care system needs to be carefully examined and monitored.
3. AFAO members should call upon Parliament to enact the National Health and Medical Research Center charter for action on health promotion in the report ‘Promoting Health in Australia.’\(^2\) in order to:
   - build a broad constituency
   - enact a National Charter for Health Promotion
   - build the information base
   - develop leadership capacity of the Commonwealth Department of Health and Family Services.

\(^2\) Health Australia; Promoting Health in Australia, December 1995 National Health and Medical Research Council.