



7.1 Health promotion

Our health behaviours—whether we smoke, drink alcohol, are immunised, have a healthy diet or undertake regular physical activity—play a leading role in how healthy we are. A major aim of the health care system is to positively influence our health behaviours to prevent disease and reduce ill health.

Health promotion is a broad term. It encompasses activities that help communities and individuals to increase control over their health behaviours. It focuses on preventing the root causes of ill health—rather than on treatment and cure—and incorporates elements of governance (actions by government, for example legislation and taxes), health literacy and population health programs (for example, through public awareness campaigns) (see Chapter 4.3 'Health literacy'), and urban planning (WHO 2016).

To change a health behaviour, a mix of interventions are often used for greater effectiveness. An example is the comprehensive range of tobacco control measures implemented in Australia, which include: health warnings on tobacco packaging; the requirement for tobacco products to have plain packaging; prohibitions on tobacco advertising, promotion and sponsorship; smoking restrictions in public places; anti-smoking social marketing campaigns; and tobacco excise (tax) increases.

Health promotion in Australia

Australia has a long history of health promotion (Box 7.1.1), with health promotion initiatives implemented by all levels of government and non-government organisations. Activities include direct interventions aimed at immediate change, and those that aim to educate and indirectly influence behaviour over the long term.

Box 7.1.1: Selected history of health promotion in Australia

Governance

1932–present: School-based diphtheria vaccination programs undertaken.

Diphtheria vaccination continues to be on the childhood immunisation schedule.

1951–1973: After the *State Grants (Milk for School Children) Act* was passed in 1950, states and territories provided free milk to children in schools in a bid to improve their diet.

1953–present: Fluoridated water was first introduced to Australia (Beaconsfield, Tasmania) in 1953. All states and territories currently fluoridate their drinking water (coverage varies).

1973–present: All states and territories require fitted seatbelts to be worn in motor vehicles, and helmets for motorcycle riders and passengers.

1997–present: The Immunise Australia Program was introduced in 1997, which funds the purchase of vaccinations for Australians. Routine immunisation began in the 1950s, with the first nationally funded infant program in 1975.

continued



Box 7.1.1 (continued): Selected history of health promotion in Australia

2006–present: The requirement for graphic health warnings on tobacco product packaging was implemented in 2006; this was expanded in 2012 to include an increase in the size of the warning.

2009–present: Food Standards require folic acid to be added to bread-making flour and iodine to bread via iodised salt.

2012–present: Plain packaging legislation stipulates that all retail packaged tobacco products must be supplied in plain packaging.

2016–present: The Drug and Alcohol Program funds a range of drug and alcohol treatment, prevention and national leadership activities.

2016–present: The Healthy Food Partnership aims to make healthier food choices easier, with initiatives based on portion size, reformulation, and communication and education.

Health literacy and population health programs

1975–1981: 'Life. Be in it' was an Australian Government program and advertising campaign encouraging Australians to be more active.

1981–present: The 'Slip, Slop, Slap' campaign aimed to modify sun protection attitudes and behaviour. The message was changed to 'Slip, Slop, Slap, Seek, Slide' in 2007.

1987: The 'Grim Reaper' television advertisements aimed to shock Australians into discussions about HIV transmission.

1989–2015: The Heart Foundation 'Tick Program' aimed to help consumers make healthier food choices. Following the introduction of the 'Health Star Rating System' (see below), the Heart Foundation retired the Tick Program and it is currently being phased out on products.

1997–2004: The 'Every cigarette is doing you damage' campaign featured graphic advertisements of the damage done by cigarette smoking.

2000–present: The 'Good Sports Program', run by the Alcohol and Drug Foundation, aims to change the alcohol drinking culture among sporting clubs.

2010–present: 'Hello Sunday Morning' is an initiative that uses technology to support individuals in changing their relationship with alcohol.

2014–present: The 'Health Star Rating' is a front-of-pack labelling system that displays a standard way to compare the nutritional value of similar products.

2016–2017: 'Girls Make Your Move' is a recent Australian Government campaign that aimed to encourage girls and young women aged 12–19 to be more active.

Urban planning

2005–2010: VicHealth's 'Food for All' program aimed to enhance access to nutritious food through integrated planning of factors that influence access to food: transport, housing, economic development and land use.

Current: Housing developments are being designed with health at the centre of planning, such as the Selandra Rise development on the outskirts of Melbourne. The Heart Foundation's 'Healthy Active by Design' website has been designed to help incorporate health into the design of our built environment.



Success stories

Two of the biggest health promotion success stories in Australia have been reductions in road deaths, from 30 per 100,000 population in 1970 to 5.4 per 100,000 population in 2016 (BITRE 2010, 2017) and daily tobacco smoking rates, from 24.3% in 1991 to 12.2% in 2016 for people aged 14 and over. There have, however, been other notable successes.

Mandatory folic acid fortification was introduced in Australia in 2009 to help prevent neural tube defects (serious birth defects). Following this initiative, the rate of neural tube defects fell (to 2011) by 14.4%. The decrease was largest for teenagers (54.8% reduction) and Aboriginal and Torres Strait Islander women (74.2% reduction). The reduction in neural tube defects in the Indigenous population is of particular note given that previous strategies to increase folic acid intake and reduce neural tube defects in this population were unsuccessful.

Australia's immunisation program has successfully reduced the incidence of harmful infectious diseases. Since routine immunisations were started in Australia in the 1950s, death and disability from many once-common infectious diseases (such as polio and diphtheria) are now rare (Department of Health 2013). Examples of successes following more recent additions to the vaccination schedule include a reduction in hospitalisations and deaths due to rotavirus (a cause of gastroenteritis) (Reyes et al. 2017), and a reduction in morbidity due to varicella (chickenpox) (Sheridan et al. 2017) (see Chapter 7.2 'Immunisation and vaccination').

What is missing from the picture?

Monitoring and evaluation are important to assess the performance of health promotion initiatives. Monitoring relies on available data to determine who is most affected by a health problem, and whether the situation changes after intervention. While data are available to help with monitoring some specific interventions, more work could be undertaken for systematic monitoring of health promotion initiatives in Australia.

Where do I go for more information?

For more information on health promotion in Australia, see the Australian Health Promotion Association website: <www.healthpromotion.org.au>.

For information on the global campaign for health promotion as a major health strategy, or for the principles of health promotion, see the World Health Organization website: <www.who.int/healthpromotion>.

References

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