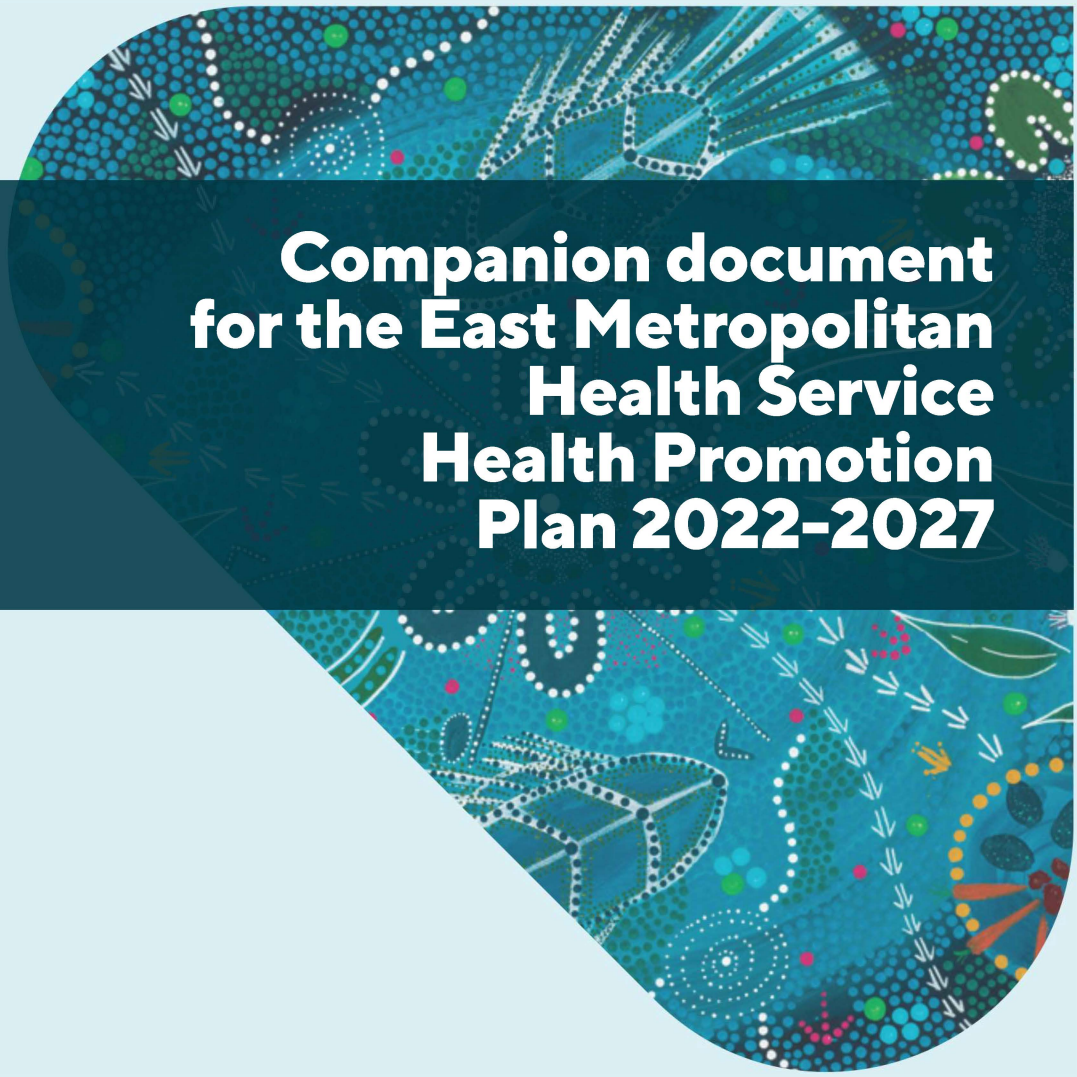
Government of Western Australia
East Metropolitan Health Service



Companion document for the East Metropolitan Health Service Health Promotion Plan 2022-2027

Towards Health Promotion Excellence

HEALTH PROMOTION EVIDENCE IN CONTEXT

ACKNOWLEDGEMENT TO **ABORIGINAL PEOPLE**

Ngalak mornang Boorloo warlang Kataditj.
We at the East Metropolitan Health Service acknowledge the Traditional Owners of the land.

Ngalak djuripen Ngalak Moorditj Wirrin Katadjin.
We're happy, we're strong in spirit and knowledge.

Ngalak Kataditj boodja djuripen Moorditj Wadjuk boodja.
We acknowledge the land of the Wadjuk people of the Noongar Nation.

Ngala Wadjuk Bridiyas, Wadjuk Nyungar, Wadjuk Yoka and Kulungas moorditj yey.
Our Wadjuk Elders, Wadjuk men, Wadjuk women and children are strong today.

Ngalak djuripen Katadjin mornang Boorloo warlang.
We're happy to educate, learn and teach at the East Metropolitan Health Service.

Ngalak Katadjin Ngala Demban Dembart kaditj karni waankiny kura kura, Ngalak darbakarn kuliny.
We acknowledge our Elders, grandfathers and grandmothers and recognise truth telling (talking), and the journey they started long ago, we walk slowly together.

Noongar language and interpretation by Rohan Collard, Director, Dooga Waalitj Healing, June 2022.

CONTENTS

Using the term Aboriginal

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community.

HEALTH PROMOTION CONTEXT

The continuing evolution of health promotion

Our Health Promotion Plan 2022 – 2027, *Towards Excellence in Health Promotion*, (our Plan) is underpinned by current health promotion literature and evidence, and is informed by global, national, state and local health promotion context. This document provides brief context to support our Plan and it is recommended this document be read in conjunction with Our Plan.

There have been rapid advances in both the evidence and global consensus regarding effective health promotion actions [1, 2]. This particularly applies to chronic disease prevention (non-communicable disease prevention). It is important that the work of state groups such as the East Metropolitan Health Service (EMHS), is aligned, informed, and strongly supported by a well-developed global consensus, as well accepted and tested models for health promotion policy and practice.

In 2011 the United Nations (UN) and World Health Organization (WHO) identified priority risk factors for effective actions in addressing the global epidemic on non-communicable diseases (NCDs). These risk factors have been agreed at the World Health Assembly by member states including Australia and are embedded in the Global Action Plan on Non-communicable Diseases (NCDs) [3]. This identified four priority risk factors - physical inactivity, harmful use of alcohol, reduction in the prevalence of tobacco use and unhealthy diet.

Further to this, four priority diseases were identified- cardiovascular disease, cancer, diabetes and lung disease. This became known as the WHO 4x4. From the third UN High Level Meeting on NCDs in 2018 one further risk factor, air pollution, was added; and one further disease, mental health, was added to these priorities, creating the WHO 5x5 [4].

In this Plan, the four leading risk factors are addressed, and the 'newer' risk areas of air pollution and mental health are integrated. For example;

- Promoting active mobility influences air pollution and contributes to climate change reductions.
- The role of physical activity in promoting positive mental health is acknowledged through emphasis on belonging to a group, increasing social support, and reducing social isolation through community physical activity programs.
- Both air pollution and the social environment for mental health are acknowledged through promoting the role of the neighbourhood built environment in building community and promoting and supporting safety and inclusion for priority and disadvantaged groups.

Within the Global NCD Monitoring Framework for the WHO, a voluntary target was identified for each of the risk factors.

For example, for physical inactivity the target is a 10 per cent relative reduction in prevalence of insufficient physical activity by 2025, and to align with the UN Sustainable Development Goals (SDGs) timeframe, a 15 per cent reduction in physical inactivity by 2030 [5].

We present the risk factor framework of this plan within a broader health promotion framework.

This is what differentiates our Plan as a 'health promotion plan' as opposed to a chronic disease plan. It also enables the integration, across the risk factor areas, of broader societal factors and health promotion principles that further include:

- the physical environment and climate change
- integration of mental health promotion
- the imperative for cross-sector action and partnerships
- the imperative for community partnership and engagement
- the imperative for localisation and co-ownership.

Further building on the above, it is important to consider the application of proven health promotion frameworks and models to ensure a balance of interventions and actions to advance health, including the action areas from the WHO Ottawa Charter [6]:

- build healthy public policy
- create supportive environments
- strengthen community actions
- develop personal skills; and
- reorient health services.

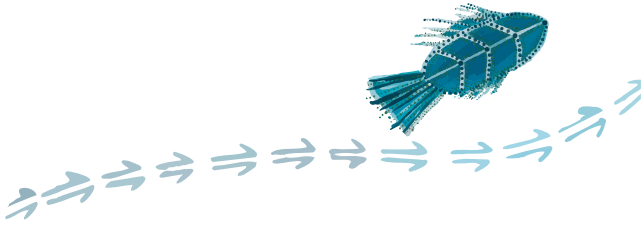
In the period since the Ottawa Charter, further WHO statements have emphasised other actions or approaches, including:

- the imperative for working in partnership across government, civil society and (where appropriate) the private sector [7]
- the imperative for prioritising equity [2]
- working across the life-span [7]
- consideration of the UN Sustainable Development Goals [5]
- a systems approach to health promotion [5] See (4) below.

In recent years various commentators have noted that without a concerted focus on implementation at scale, health promotion will unlikely be realized [4]. This is commonly referred to as 'implementation failure'. A systems approach is therefore required to close the evidence/implementation gap and make progress on system-level factors that support implementation success at the local level . These include:

- robust investment in local action plans
- allocation of sustainable financing
- strengthening dedicated health promotion institutions
- building and strengthening health promotion workforce competency
- assuring mechanisms for cross-sector collaboration and community partnership
- appointing high-level health promotion leaders, and
- investing in evaluation and evidence generation [8–10].

These system factors should be addressed and tailored to address local needs and circumstances to inform implementation.



KEY CONCEPTS AND LOCAL CONTEXT

Our environment is more complex and ever-changing than at any other time in our history. For health promotion practice to be successful, we must consider some key concepts:

Health Promotion is an emerging discipline.

Health promotion has a unique and specialised role within a wider multidisciplinary approach to maintaining and improving health. The health promotion community on a global level has its own dedicated NGO – the International Union for Health Promotion and Education (IUHPE) – this organisation has provided a unique stimulus to the development of health promotion as a discipline.

Following a global exchange (which included Australia) to establish core competency for health promotion specialists through the Galway Consensus Statement [11, 12], the Australian Health Promotion Association has supported the development of the discipline. The Australian Health Promotion Association leads the Australian accreditation program to assess health promotion competencies in the existing multi-disciplinary workforce that practices health promotion. This complements the investment in a specialist-trained workforce for the future through accredited undergraduate health promotion degrees across universities in Australia. Further, Western Australia established its own health promoting foundation, Healthway in 1991, one of three foundations in Australia. Healthway funds health promotion projects and research to inspire Western Australians to live healthier lives.

Health promotion, as a discipline, is well placed to mobilise and add value to the Western Australian prevention system through the delivery of culturally safe prevention strategies in existing multi-disciplinary initiatives, frameworks, and settings, such as WA Health's Sustainable Health Review [13]. This includes:

- harnessing community mobilisation and action that encourages people to sustain healthier behaviours across their life span and stages
- enhanced and sustained investment and leadership in service design, delivery and evaluation that meets community need; and
- sustainable partnerships across community, service providers and sectors that deliver co-benefits to continuously adapt and evolve strategies for better health outcomes.

The conversation is shifting from individual responsibility to environments.

Historically, significant investment has been made to address an individual's choices and responsibility when it comes to their health outcomes. There is now a substantial body of science, research, and evidence that shows individual change and collective system-level change is interconnected [2, 7].

Our Plan focusses on working in partnership with community and service providers to collectively deliver system-level changes in the environment that impact the lifestyle choices available for individuals and populations. This includes addressing the social, cultural and commercial determinants of health in the context of health promotion interventions for the communities within EMHS.

East Metropolitan Health Service delivers hospital and community health care to a demographically diverse and disproportionately disadvantaged community.

Our Plan prioritises our efforts and identifies the focus areas where a stronger and better-coordinated effort will enable accelerated gains in health, particularly for communities experiencing an unfair burden of disease.

We know differences in environments such as housing quality, access to healthy food, and education contribute to delayed healthcare and poorer quality of health outcomes [14, 15]. According to the Socio-Economic Indexes for Areas (SEIFA index), a significant proportion of disadvantaged populations and communities are located within the EMHS catchment area [16]. These communities experience disadvantage on multiple fronts, requiring us to explicitly consider the individual and community context when addressing health in the context of disadvantage. Preventive health action across the life course and across the prevention spectrum (Fig 1) is important to raise the health of populations in our community to an equitable level.

A health equity approach has been used in the development and implementation of our Plan's health promotion goals, objectives and potential actions, including a commitment to enhanced governance models that ensure people with lived experience of disadvantage and those that identify with our priority populations (outlined in our Plan) are equal participants in the design and implementation of the Action Plans for the next five years, and that the Action Plans promote person-centred and culturally safe strategies.

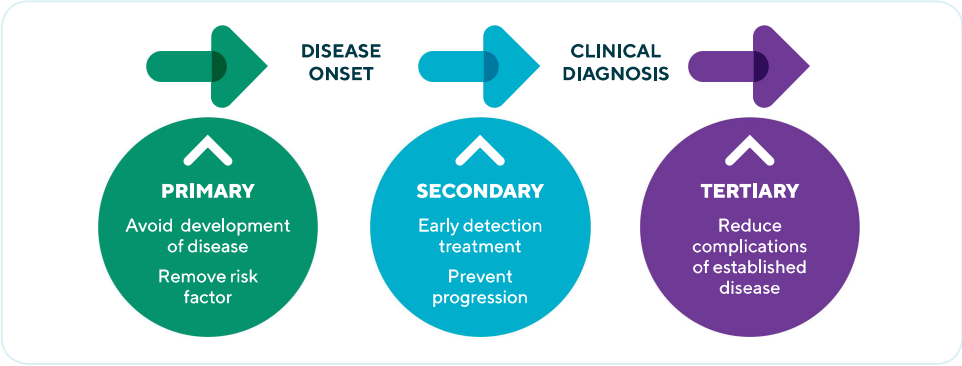


Figure 1. Levels of prevention strategies
Adapted from: Primary Care Online Resources and Education: Preventive Services [17].

There is an increasing demand to have timely, local data to make better decisions.

Understanding, questioning and evaluating data and evidence is core to good health promotion practice [18].

As data and technology environments become more sophisticated, it is imperative that EMHS Health Promotion develop effective processes to harness data that can deliver better health outcomes for our community. This means collecting, analysing, reporting, and sharing data where appropriate and where possible to improve health promotion policy, program and service design, implementation and evaluation in the most responsive way possible.

Hospital and health services are re-orienting programs and services to support significant investment in early intervention.

Hospital admissions are expensive and can expose patients to new problems [19]. Currently, there are several funded early intervention initiatives across Australia with a focus on action in secondary and tertiary prevention to:

- manage chronic conditions in the community to reduce Potentially Preventable Hospitalisations [20], and
- increase the management of early detection, treatment and disease reduction strategies in the primary care and community health settings [21].

Although health promotion action can occur across primary, secondary and tertiary prevention, our Plan does not deliver secondary and/or tertiary prevention goals, objectives or actions which may sit within scope for other teams across EMHS, the community and our partners such as: primary healthcare providers, community health, Primary Health Networks, Local Health Networks, Aboriginal Community Controlled Health Services (ACCHS), and non-medical and community groups.

The EMHS Health Promotion team will advocate for and implement a primary prevention approach where appropriate, and work alongside our primary and secondary prevention colleagues and partners to enable a comprehensive approach to prevention for our community.

Concluding Statement

Our Plan is founded on the key evidence and concepts outlined in this document. This will guide the EMHS Health Promotion team to continue its focus on the science, evidence and research both on the determinants of health and disease and on the relative effectiveness of innovative approaches to improving population health through quantified, integrated and sustainable health promotion interventions.

GLOSSARY

Co-benefit
Co-benefits are substantial and specific benefits to other sectors that can be gained by investing in health-related programs. These benefits are intended positive side effects of a policy or intervention. Co-benefits avoid imposing health objectives on other sectors and rather aim towards contributing to the other sectors objectives.

Commercial determinants of health
Commercial determinants of health refer to corporate activities, including conditions, actions and omissions, that affect health through influencing physical and social environments or contributing to inequities. For example, advertising of alcohol and alcohol pricing can influence people's alcohol use and .subsequently their health.

Community health
Community health services provide universal access as well as targeted services for priority population groups. Community health is part of the primary health sector. It includes non-residential health services offered to patients and consumers in an integrated and coordinated manner in a community setting, or the coordination of health services elsewhere in the community. Such services are provided by, or on behalf of, state and territory governments.

Cultural determinants of health
Cultural determinants of health include historical and cultural factors, such as connection to culture, country and family, racism and discrimination, colonisation and colonialism, and Stolen Generations, that affect the health and wellbeing of Aboriginal people.

Disadvantage
This term acknowledges the conditions or circumstances including economic and social conditions, of people and households within an area that put them in an unfavourable position in relation to health, relative to other areas.

Early Intervention
Early intervention describes the services and supports that are available to babies and young children with developmental delays and disabilities and their families.

Population health
The organised response by society to protect and promote health, and to prevent illness, injury and disability. Population health activities generally focus on:

- prevention, promotion and protection rather than on treatment
- populations rather than on individuals
- the factors and behaviours that cause illness.

It can also refer to the health of subpopulations, and comparisons of the health of different populations.

Potentially preventable hospitalisations
Potentially preventable hospitalisations are a measure of hospital admissions that could have been prevented by timely and adequate health care in the community and include vaccine-preventable conditions, acute conditions and chronic conditions (preventable through lifestyle change).

Prevention system
In the context of this document, The Prevention System refers to the group of interacting and interrelated organisations, individuals and resources that that are essential in order to improve the performance of health promotion interventions.

Primary care
Primary health care encompasses a range of services delivered outside the hospital that generally do not need a referral. This includes unreferred medical services, for example, general practitioner (GP) visits, dental, other health practitioner, pharmaceutical, and community and public health services. It is often the first point of contact people have with the health system.

Primary prevention
Strategies aimed at preventing illness by maintaining and/or enhancing the wellbeing of the general population.

Priority population
Specific groups within our population that experience disadvantages and higher rates of illness and death than the general population such as children and young people, mothers and babies, those who live in rural and remote Australia, Aboriginal people, older people, veterans, prisoners, men and women.

Public health
Public health is concerned with the big picture of how society is organised to maximise health and well-being; about what people can do for themselves as well as the role of institutions and government to ensure good health in our communities.

Secondary prevention
Secondary prevention is aimed towards individuals or groups that demonstrate early psychological or physical symptoms, difficulties, or conditions, which is intended to prevent the development of more serious dysfunction or illness. Secondary prevention includes screening to identify diseases in the earliest stages, before the onset of signs and symptoms, through measures such as mammography and regular blood pressure testing.

Social determinants of health
Social determinants of health are the conditions in which people are born, grow, live, work and age, including income, education, conditions of employment, power and social support. Social determinants acknowledge the non-medical factors and systems that shape the conditions of daily life.

Tertiary prevention
Tertiary prevention is managing disease post diagnosis to slow or stop disease progression and to reduce the effect of the disease, for example with measures such as chemotherapy, rehabilitation and screening for complications.

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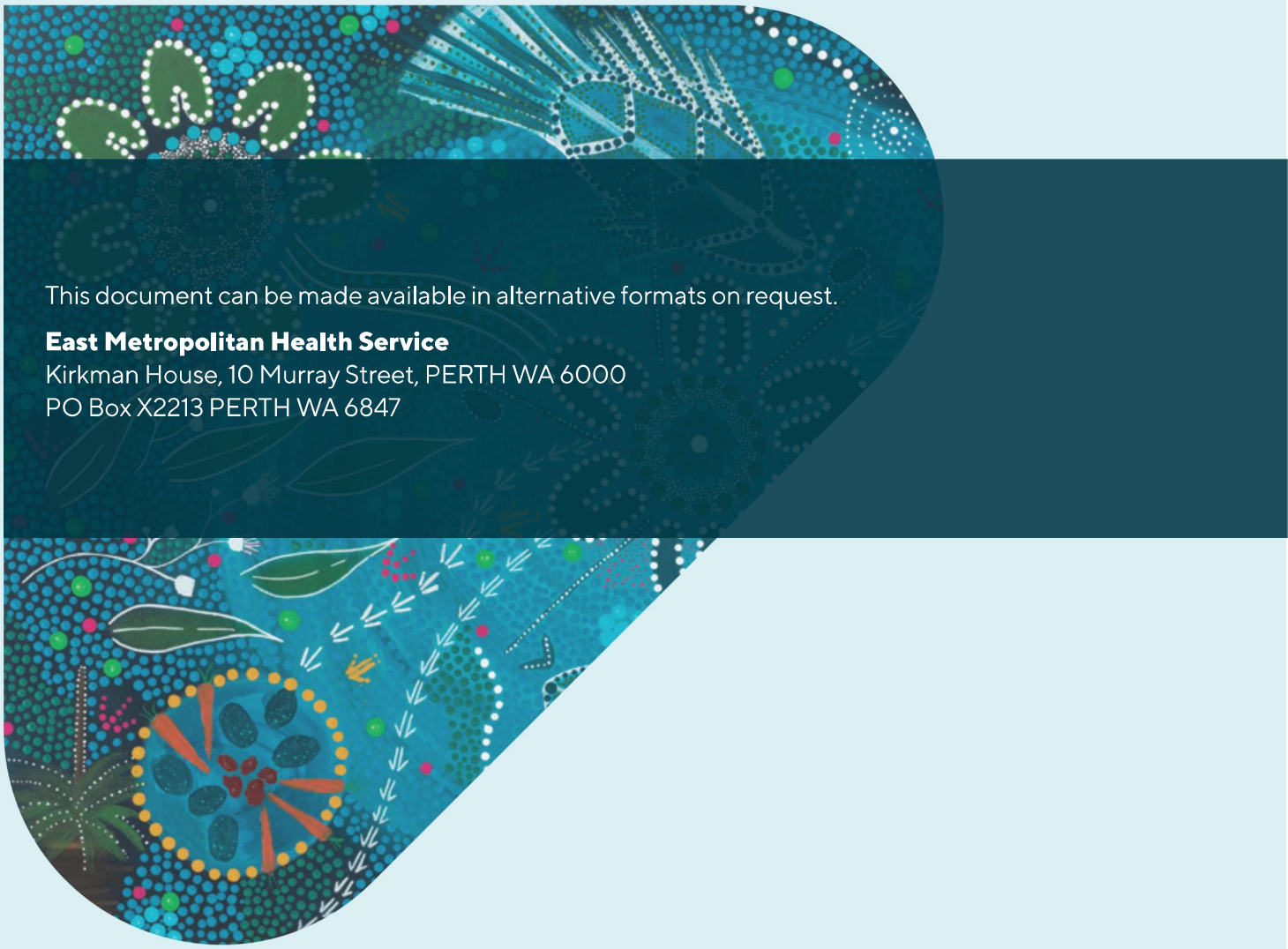

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East Metropolitan Health Service
Kirkman House, 10 Murray Street, PERTH WA 6000
PO Box X2213 PERTH WA 6847