Australian Health Promotion Association
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Australia's Voice for Health Promotion

The Australian Health Promotion Association (AHPA®) is the national peak body for health promotion. We advocate for environments that support healthy living and empower communities to shape the conditions that influence their health.

Health Promotion: More Vital Than Ever

Australia is one of the healthiest countries in the world. This is largely because of effective public health and its core services – protection, prevention and health promotion which includes action to create and support the social and environmental conditions that enable Australians to enjoy a healthy and happy life.
Today, we better understand the complex forces that shape health – especially the unequal distribution of wealth, power, and resources. Health promotion addresses these inequities by building individual and community capacity and driving systemic change.

Who We Are

AHPA is the only professional association dedicated to health promotion across practice, policy, research and education. Since 1990, we've grown into a member-driven organisation representing over 1,000 professionals nationwide. We provide strategic leadership, advocate for evidence-informed policy, and support workforce development through accreditation, professional learning, and knowledge exchange. As the National Accreditation Organisation for the International Union for Health Promotion and Education (IUHPE),[1] we administer voluntary registration for practitioners in Australia. Our work includes:

- Hosting national symposiums and co-leading the Population Health Congress
- Publishing the Health Promotion Journal of Australia[2]
- Delivering sector insights, job listings, and regular updates to members
- Advocating on federal budgets, national strategies, and health equity issues

Our Strategic Direction (2025- 2029)[3]

- **Vision:** A healthy, equitable Australia.
- **Purpose:** To provide leadership, advocacy and workforce development for health promotion practice and research.
- **Focus Areas:**
    - Promote and grow the health promotion profession
    - Strengthen and advocate for health promotion practice and research
    - Build workforce capacity and career pathways in health promotion
    - Promote equity, diversion and inclusion

[1] https://iuhpe.org/
[2] https://healthpromotion.org.au/AHPA/HPJA-Journal/Overview.aspx
[3] https://ahpa.imiscloud.com/common/Uploaded%20files/PDFs/FINAL_AHPA%20Strategic%20Plan%202025-2029.pdf

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About This Submission

AHPA welcomes the opportunity to respond to the Productivity Commission's interim report on the Five Pillars of Productivity, specifically Pillar Four: *Delivering Quality Care More Efficiently*.

We advocate for stronger investment in prevention, health equity, and the social determinants of health. Our original submission called for upstream action to reduce pressure on acute care and improve long-term wellbeing. We support the Commission's recognition of prevention as a productivity driver and recommend strengthening the interim findings to better reflect the role of health promotion and its workforce.

Yours faithfully,
[redacted]

Glen Ramos
President | Australian Health Promotion Association
[redacted]

Submission was prepared by:
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Response to Interim Findings and Recommendations

1. National Prevention Investment Framework – Strong Support with Refinements

AHPA strongly supports the recommendation to establish a National Prevention Investment Framework. This is a long-overdue step toward embedding prevention in health system planning and funding.

AHPA recommends the following refinements:

1. Explicitly embed health promotion[4] as a central, resourced component of all prevention strategies, within a National Prevention Framework.
2. Establish dedicated long-term funding streams within the National Prevention Investment Framework for community-led, place-based health promotion initiatives.
3. Integrate equity metrics to ensure prevention efforts reach priority populations. All prevention investments should demonstrate how they will reduce health gaps for First Nations peoples, culturally and racially marginalised communities, people with disability, and those in rural and remote areas. This includes embedding explicit equity targets and proportionate investment in populations with the greatest need.
4. Governance representation from health promotion experts and community organisations on the proposed Prevention Framework Advisory Board.

2. Collaborative Commissioning – Opportunity to Embed Prevention Locally

The recommendation to embed collaborative commissioning is promising.

AHPA additionally recommends:

1. Local commissioning bodies (e.g. Primary Health Networks, Local Health Networks, Aboriginal Community Controlled Health Organisations) be resourced and supported to include health promotion practitioners in planning and evaluation.
2. Funding models incentivise primary preventive and health promotion interventions, not just clinical integration.
3. Evaluation frameworks go beyond service utilisation metrics. While long-term health outcomes are important, many of the most significant impacts of prevention are complex, diffuse, and may only emerge over decades. To ensure effective investment, funding decisions should also consider the strength of theoretical frameworks and the quality of program logic underpinning interventions.

[4] Health promotion is a systems-based approach that empowers individuals and communities to improve their health by addressing the social, commercial, and environmental determinants - including housing, education, income, climate, food systems, and marketing environments. This definition aligns with the WHO Ottawa Charter and Australia's National Preventive Health Strategy, supporting a comprehensive framework for population wellbeing.

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3. Quality and Safety Regulation – Include Prevention and Workforce Development
Regulatory alignment is important.

AHPA recommends:

1. Expanding the scope to include health promotion and prevention workforce planning, recognition, and voluntary regulation. A strategically developed and recognised workforce is essential to delivering safe, high-quality prevention services. Integrating workforce development with quality and safety frameworks, including voluntary registration systems such as those administered by AHPA under the International Union for Health Promotion and Education (IUHPE)[5] framework, can support consistent standards, professional recognition, and system-wide accountability.
2. Supporting recognition and development of the health promotion workforce, with a view to future regulation. While formal regulation is not currently mandated, voluntary systems provide a strong foundation. The Commission should support existing self-regulatory processes to strengthen competency-based standards that align with broader health system reforms.
3. Ensuring quality standards reflect preventive care principles, not just clinical safety. Safety and quality frameworks should incorporate the unique characteristics of prevention, including long-term impact, community engagement, and equity.
4. Embedding health literacy, community engagement, and equity into safety and quality frameworks. These elements are critical to effective prevention and should be recognised as core components of quality care.

Recommendations for Refinement

Pillar Four can be strengthened to create a healthier, more equitable Australia.

AHPA recommends:

1. Embed prevention targets in national health performance indicators to ensure equitable, measurable population health improvements and a more integrated and efficient care system.
2. Recognise prevention workforce capacity as a critical enabler in the National Framework for Investment in Prevention and operationalise this through the National Preventive Health Strategy.[6] This includes funding and scaling the health promotion workforce to support integration into comprehensive primary care models. Embedding health promotion within multidisciplinary teams ensures prevention is delivered consistently, equitably, and effectively across the health system.
3. Develop and embed intergovernmental and cross-sector governance and accountability frameworks to drive coordinated action on primary prevention and

[5] https://iuhpe.org/
[6] https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030?language=en

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4. the social determinants of health, ensuring population-level impacts are achieved and sustained (e.g. housing, education, employment).
5. Ensure prevention funding is long-term and protected, not subject to short-term budget cycles.
6. Embed community voices in prevention planning and evaluation through formal mechanisms such as collaborative commissioning and cross-sector governance, ensuring local input shapes priorities, monitors outcomes, and holds jurisdictions accountable for equitable, long-term prevention investments. Specifically, from communities experiencing structural and systemic disadvantage or facing the greatest health inequities.

Conclusion

The development of a national framework for prevention is a timely opportunity to advance health, equity, and wellbeing across Australia. AHPA urges the Productivity Commission to adopt a prevention-first approach,[7] with health promotion at its core, in its final recommendations under Pillar Four. Positioned as a foundational pillar, health promotion and primary prevention can strengthen treatment and care, improve system efficiency, reduce inequities, and deliver long-term cost savings. AHPA welcomes further engagement and stands ready to provide additional input or evidence as needed.

[7] A prevention-first approach places primary prevention and health promotion at the centre of health policy and system design. It prioritises upstream, population-level interventions that address the social, commercial, and environmental determinants of health, such as housing, education, income, climate, and food systems, to reduce the need for reactive care. This approach aims to improve wellbeing, reduce health inequities, enhance system productivity, and deliver long-term cost savings. It aligns with the principles of the WHO Ottawa Charter, the National Preventive Health Strategy (Australia), and the Productivity Commission's call for a national framework to support investment in prevention; https://engage.pc.gov.au/projects/quality-care/page/prevention-investment; https://www.medicalrepublic.com.au/productivity-commission-pushes-for-preventive-health/119215.