



Health Promotion Policy

1. Background

Health promotion is the process of empowering individuals and communities to improve and increase control over their health. Health promotion typically addresses modifiable risk factors such as tobacco use, drug and alcohol use, obesity, diet and physical inactivity, as well as mental health, sexual health and injury prevention (World Health Organisation (WHO) 1986). However, it can include any work that actively and positively supports people, groups, communities or entire populations to be healthy.

There is good evidence that prevention offers cost-effective ways to improve health outcomes in Australia (Chronic Disease Prevention Directorate (CDPD) 2017). Long term investment in best practice health promotion initiatives will enable communities to become healthier and safer.

Health promotion moves beyond individual behaviours to address the socioeconomic, political, cultural and environmental issues (the social determinants) that impact health across the lifespan. As outlined in the Ottawa Charter, this is achieved by the following principles:

- building healthy public policy
- creating supportive environments
- strengthening community action
- developing personal skills; and
- reorienting health services (WHO 1986)

Effective health promotion that targets individuals, families and communities can:

- increase engagement in culturally sensitive, inclusive and accessible health services
- improve health literacy and enable people to take control of their health
- empower consumers, carers and family members to collaborate in their healthcare
- reduce health inequities for vulnerable groups
- enable community members to build mind, body and spirit within a cultural context; and
- build healthy and thriving communities.

2. Policy Statement

2.1 Purpose

The WA Country Health Service (WACHS) is committed to embedding disease prevention (primary, secondary and tertiary) and physical and mental health promotion as key aspects of service delivery and professional practice (WACHS Strategic Plan 2019-2024).

The WACHS Health Promotion Policy endorses the application of health promotion principles and practices across the health continuum, in alignment with the:

- [Western Australian Health Promotion Strategic Framework 2017-2021](#) (CDPD 2017)
- [Sustainable Health Review](#) (SHR) (SHR 2019)
- [Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-2025](#) (Mental Health Commission (MHC) 2018)
- [WA Aboriginal Health and Wellbeing Framework 2015-2030](#) (Department of Health, Western Australia (DOHWA) 2015)
- [WA Multicultural Policy Framework](#) (OMI 2020)
- [WACHS Strategic Plan 2019-24](#) (WACHS 2019) and others.

The Policy aims to support all WACHS staff to understand why health promotion is everyone's responsibility, and incorporate the principles into program and service design, implementation and review. The effectiveness of a health promotion approach for regional WA communities relies on:

- coordinated action by multidisciplinary teams within the organisation; and
- strong external partnerships to support action on the complex and intertwined social determinants of health.

2.2 Working in a health promoting way

WACHS recognises that social determinants impact health and consequently prioritises equitable service delivery to communities and population groups that experience poor health, particularly Aboriginal Western Australians, people from non-English speaking backgrounds and those living in lower socioeconomic circumstances.

WACHS is committed to improving the health and wellbeing of Western Australians through health promotion action, embedding the Ottawa Charter's (WHO 1986) five core principles of health promotion across the continuum of care, through primary prevention (population level health promotion), secondary prevention (early detection and intervention) and tertiary prevention (continuing care).

See [Appendix 1: Examples of health promotion provided across the continuum of care.](#)

There are also significant opportunities to improve the health and wellbeing of WACHS staff by embedding health promotion principles in organisational policy and practice to create an organisation that supports staff to role model healthy behaviours.

2.3 Culturally secure health promotion

Culturally safe services are essential to ensure Aboriginal people and people from Cultural and Linguistically Diverse (CaLD) backgrounds engage with the health system. Professional interpreting services and plain English should be utilised where required.

The Aboriginal Community Controlled Health Services Model of Care (Aboriginal Health Council of Western Australia 2018) explains key factors that underpin the wellbeing of Aboriginal people and their communities.

Culturally secure health promotion must consider: spiritual, emotional and physical domains, family, culture, language, country and community.

Health promotion approaches in Aboriginal communities should incorporate a multidisciplinary team approach, utilise an Aboriginal workforce and prioritise community engagement.

When working with CaLD communities, transcultural health services need to be sensitive to the culture and beliefs of consumers, with staff trained in culturally safe practices. Key partnerships developed with multicultural services and community leaders across the system are important to support client and family engagement and community participation in health (Ausmed 2019).

2.4 A specialised health promotion workforce and multidisciplinary health promotion support

WACHS staff members from a broad range of disciplines such as population health, medical services, nursing and midwifery, allied health, mental health and Aboriginal health are involved in health promotion action in the community, outpatient and inpatient settings.

WACHS also employs a specialist health promotion workforce to lead health promotion across the organisation. These staff members advocate for, enable and mediate health promotion action across the continuum of care.

See [Appendix 2: Health promotion examples for WACHS disciplines](#)

3. Definitions

Advocacy	Advocacy is the actions and strategies used and effective collaborations created to shift public opinion, create political and community support, and influence decision-makers in addressing and improving specific health topics. Internal advocacy occurs within an organisation or institution and aims to build organisational and political support for changes in policies, services, funding, or priorities that will benefit staff, the organisation, consumers, or the wider community (Public Health Advocacy Institute of WA (PHAIWA 2019).
Capacity building	Capacity building is a name for the familiar concepts of community and workforce development. Capacity building taps into existing abilities of individuals, communities, organisations or systems to increase involvement, decision-making and ownership of issues. Capacity building incorporates advocacy and relies on partnerships (Vic Health 2012).
Empowerment	In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health (WHO 1998).

Environmental determinants of health	Several modifiable environmental factors such as: outdoor air pollution, household air pollution, contamination of drinking water, occupational exposure to hazards, exposure to lead, and built environments that discourage physical activity influence the risk and experience of chronic disease. WHO estimates that 21.2% of global deaths and 16.3% of global disability-adjusted life years lost are attributable to these risk factors (MacDonald-Gibson 2018, pp451-467).
Health	A state of complete physical mental and social wellbeing. It is a resource for everyday life, not just the object of living. Health is a positive concept emphasising social and physical resources and physical capacities (WHO 1986).
Health inequalities	Inequalities in health status between individuals and populations are inevitable consequences of genetic differences, of different social and economic conditions, or a result of personal lifestyle choices. Inequalities in health status can arise as a consequence of inequities in opportunities in life (WHO 1998).
Health inequities	Equity means fairness. Equity in health means that people’s needs guide the distribution of opportunities for well-being (WHO 1998). Health inequities are systematic differences in health status or in the distribution of health resources between different population groups, arising from the social and environmental conditions in which people are born, grow, live, work and age. Health inequities are unfair and could be reduced by the right mix of government policies (WHO 2018).
Health literacy	Health literacy is about how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it (ACSQHC 2019).
Health promotion	Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions (WHO 1986).
Health promotion action	A term used to describe programs, policies and other interventions that are empowering, participatory, holistic, inter-sectoral, equitable, sustainable and multi-strategy in nature, which aim to improve health and reduce health inequities as per the Ottawa Charter (IUHPE 2016).
Health Promotion Best Practice Group	WACHS leadership network for health promotion comprised of senior health promotion staff from each WACHS region and central office Population Health.
Healthcare	The prevention, treatment and management of illness and injury, and the preservation of mental and physical wellbeing through the services offered by clinicians, such as medical, nursing and allied health professionals (Australian Commission on Safety and Quality Health Care (ACSQHC) 2017).

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Ottawa Charter	<p>The Ottawa Charter for Health Promotion (WHO 1986) was the agreement from the first International Conference on Health Promotion that set key action areas to achieve <i>Health for All</i> by the year 2000 and beyond. These action areas, which are still relevant today include:</p> <ul style="list-style-type: none"> • building healthy public policy • creating supportive environments • strengthening community action • developing personal skills • reorienting health services
Primary prevention	Action to prevent disease or injury before it ever occurs.
Principles of health promotion	Health promotion principles prioritise actions which address the determinants (causes) of health, using a combination of approaches as outlined by the Ottawa Charter for Health Promotion (WHO 1986).
Secondary prevention	Screening and early detection of disease or injury so action can be taken to prevent it getting worse.
Social determinants of health	WHO describes social determinants as the circumstances in which people are born, grow up, live, work, play and age, and the systems put in place to deal with illness. These are shaped by political, social, and economic forces (Commission on the Social Determinants of Health (CSDH) 2008).
Social Gradient	The social gradient in health is a term used to describe the phenomenon whereby people who are less advantaged in terms of socioeconomic position have worse health (and shorter lives) than those who are more advantaged (Donkin 2014).
Specialised health promotion workforce	Health promotion practitioners are responsible for the planning, development, implementation and evaluation of health promotion policies and programs using a variety of strategies, including health education, mass media, community development and community engagement processes, advocacy and lobbying strategies, social marketing, health policy, and structural and environmental strategies. Workforce development and capacity building strategies are also important components of health promotion practice. An IUHPE accreditation system exists for eligible people to register as health promotion practitioners.
Tertiary prevention	Actions that lessens the impact of existing disease and injury, to minimise prospect of co-morbidities and/or clinical sequelae.

4. Roles and Responsibilities

All staff:

WACHS staff are involved in health promoting services as deemed appropriate to their role. Health promotion approaches that support optimal health should be embedded in health service delivery across all WACHS Services and Programs.

WACHS supports a comprehensive approach to health promotion through:

- healthy public policy
- legislation and regulation
- economic interventions
- supportive environments
- public awareness and engagement
- community development
- targeted interventions; and
- strategic coordination, building partnerships and workforce development. (CDPD 2017).

Specialised health promotion workforce:

WACHS has a specialised health promotion workforce to lead, advocate and support the delivery of health promotion across regional WA. Health promotion staff maintain the *Health Promotion Best Practice Group*, the WACHS leadership network for health promotion. This group is comprised of senior health promotion staff from each WACHS region and central office Population Health.

WACHS supports the ongoing professional development of health promotion professionals aligned to the International Union of Health Promotion and Education (IUHPE) *Core Competencies and Professional Standards for Health Promotion* (IUHPE 2016) and the *Continuing Practice Development Guidelines for Registered Health Promotion Practitioners* (Australian Health Promotion Association (AHPA 2018)).

IUHPE core competencies for health promotion professionals include:

- ethical values
- health promotion knowledge base
- enable change
- health advocacy
- mediation through partnership
- communication
- leadership
- needs assessment
- planning
- implementation; and
- evaluation and research.

Staff working in health promotion roles may be eligible to apply for voluntary registration as a health promotion practitioner through AHPA®, the Australian National Accreditation Organisation (NAO) for IUHPE (AHPA 2020). Registration as a health promotion practitioner is not mandatory to be employed by WACHS in a health promotion role.

5. Compliance

Failure to comply with this Policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System in accordance with [Records Management Policy](#).

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

Evaluation of this Policy is to be carried out by the Program Manager, Population Health (Health Promotion) in conjunction with the WACHS Health Promotion Best Practice Group.

The following means or tools are to be used:

- WACHS health promotion reporting tools
- audit of WACHS IUHPE Registered health promotion practitioners
- LMS training reports
- quality improvement activities across the organisation which show a health promoting approach to care
- measures of workplace health promotion; and
- WACHS Strategic Plan 2019-24; Operational Plan and Annual Reports.

8. Standards

[National Safety and Quality Health Service Standards](#):

Partnering with Consumers Standard: 2.3, 3.3, 4.3, 5.3, 6.3, 7.3, 8.3

Comprehensive Care Standard: 5.1- 5.6, 5.13- 5.15, 5.20-5.36

[National Standards for Mental Health Services](#)

Standard 5: Promotion and Prevention 5.1- 5.6

National Standards for Disability Services

All – person centred approach

Australian Aged Care Quality Agency Accreditation Standards

All – person centred approach

9. Legislation

The Health Services Act 2016

Public Health Act 2016

Tobacco Products Control Act 2006

Mental Health Act 2014

10. References

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18. WHO. 1998. [Health Promotion Glossary](#). WHO (accessed November 3, 2020).
19. WHO. 2018. [Health Inequities and Their Causes](#) accessed 22 February 2021).
20. WHO. 1986. [Ottawa Charter for Health Promotion](#). WHO (accessed November 3, 2020).

11. Related Policy Documents

[WACHS Alcohol and Tobacco Brief Intervention Policy](#)

[WACHS Consumer and Carer Engagement Policy](#)

[CAHS Child Health Services Policy](#)

[CAHS Health Promotion in Schools Guideline](#)

12. Related WA Health System Policies

[Aboriginal Health and Wellbeing Policy MP 0071/17](#)

[Healthy Options WA: Food and Nutrition Policy MP 0142/20](#)

[Smoke Free Policy MP 0158/21](#)

[WA Youth Health Policy 2018-23](#)

13. Policy Framework

[Public Health](#)

[Clinical Governance Safety and Quality](#)

[Mental Health](#)

14. Appendices

Appendix 1: [Examples of health promotion provided across the continuum of care](#)

Appendix 2: [Health promotion examples for WACHS disciplines](#)

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Contact:	Program Manager Population Health		
Directorate:	Health Programs	EDRMS Record #	ED-CO-14-5984
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Appendix 1: Examples of health promotion provided across the continuum of care

	Level of prevention		
	Primary Prevention	Secondary Prevention	Tertiary Prevention
Health Promotion Principle (WHO 1986)			
Build healthy public policy – <i>promote capacity of organisations and groups to change their environment to be more conducive to health</i>	System manager policies, such as the Smoke-free WA Health and Healthy Options WA Policy	Alcohol screening and brief advice policies	Organisation-wide strategies for cancer and chronic disease management
Create supportive environments – <i>living and working conditions are safe, stimulating, satisfying and enjoyable</i>	Working with Local Government to develop Public Health Plans Implementing the baby friendly hospitals initiative to increase breastfeeding rates	Transport schemes that facilitate patient access to treatment in culturally sensitive ways, i.e. Aboriginal Health drivers	Care-coordinators supporting cancer patients in hospitals and communities
Strengthen community action <i>using community resources to improve health outcomes</i>	Building partnerships to work together on agreed local health issues eg. Early Years Networks	Community falls prevention groups for seniors at risk	Support groups where members share health and wellbeing strategies eg. arthritis, mental health
Develop personal skills <i>providing information, education for health and enhancing life skills</i>	Encouraging healthy hygiene to prevent infection and control disease using community and social media	Healthy eating and food literacy programs for people above healthy weight	Chronic disease self-management programs to empower people to optimise and improve their own health and wellbeing
Reorient health services <i>making changes to the way health services are delivered</i>	Dietitian referring low-priority clients on waitlist to community nutrition programs (such as Food Sensations for Adults and HEAL) to provide prevention approach to healthy weight.	Patients attending Emergency Departments with alcohol-related problems are identified through screening and provided with written and verbal advice, a brief intervention, and are referred to alcohol treatment services	Cardiac or stroke rehabilitation programs to support patients to maintain and improve functional capacity

Appendix 2: Health promotion examples for WACHS disciplines

Discipline	Outpatient	Inpatient	Community
All areas	Alcohol and Tobacco brief intervention	Alcohol and Tobacco brief intervention Suicide prevention training	Alcohol and Tobacco brief intervention
	Communicating with patients/ families/ carers and communities that support developing health literacy to change attitudes, increase knowledge and improve skills for better health outcomes		
Medical Services	Refer to older patient initiative and aged carer assessment programs that support older people with aging in the community	Referring patients to sub-acute care programs	Referring to community healthy eating programs. Referring to new parent groups
	Providing brief advice and referral e.g. smoking cessation, harmful alcohol use, diabetes management		
Aboriginal health	Aboriginal Liaison Officers provide a supportive link between the client/patient and the health service	Culturally secure clinical decisions are made with family involvement	Outreach programs that are conducted on country and create a supportive environment for participants
	All staff working in inpatient settings practice cultural safety.		
Allied health	<i>Dietetics/ DE</i> - Referrals to HP programs (Food Sensations, DESMOND)	<i>Dietetics/ DE</i> -Referrals to HP programs (Food Sensations, DESMOND)	<i>Child Development Teams</i> - Delivering education session to childcare staff and parents on healthy development
	<i>Physiotherapy</i> – Falls prevention and Cardio, Respiratory, Obesity (CRO) programs		
Nursing and Midwifery	Conducting women’s health clinics including cervical screening and breast health checks	Falls prevention screening Breastfeeding advice	<i>School health</i> - Use of HP resources to communicate topics that arise such as safe sex, alcohol, bullying
	Midwifery group practice antenatal care, which supports women with healthy pregnancies – including healthy eating, alcohol and tobacco screening and advice	Referral to relevant outpatient services and community programs	<i>Public health</i> – Immunisations Sexual health outbreak management and prevention Trachoma and environmental health prevention programs
Human Resources	Partnering with health promotion teams to plan and deliver staff wellbeing strategies		
Health	Use evidence to identify	Build capacity of staff	Develop partnerships

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Promotion	<p>local needs and plan implement and evaluate programs as part of a multidisciplinary team to enable individuals and families to build capacity to improve health</p> <p>For example, consumers identified as tobacco smokers through brief intervention can be referred into a smoking cessation program</p> <p>People with risk factors such as overweight, obesity can be referred to evidence based outpatient or community based healthy weight programs planned, implemented and evaluated by health promotion staff such as HEAL and Food Sensations.</p>	<p>and supporting WACHS hospitals and health services to implement system wide health promotion policy, for example Healthy Options WA Policy and Smoke Free WA Health system policy:</p> <p>Supporting regions to meet compliance through measures such as: written information on the policy requirements, meeting with key staff, conducting education with relevant staff and volunteers, ongoing monitoring, regular audits and reporting</p> <p>Health Promotion staff also plan, develop, implement and evaluate programs at the outpatient and community level which link to these overarching policies</p> <p>Participate in WACHS wide forums to advocate for prevention within the inpatient setting, such as the WACHS Alcohol and Tobacco Brief Intervention Policy</p>	<p>and collaborate with health, other agencies and community organisations to deliver comprehensive, evidence based health promotion programs that are designed to enable change</p> <p>Programs use existing evidence; have appropriate, realistic and measurable goals, objectives and strategies. Consumers are engaged in the program planning stage and cultural elements are considered</p> <p>For example <i>'the first 1000 days'</i> as a priority: work in partnership with Community Child Health Services, Child Development Services, local agencies and community groups to develop, implement and evaluate early years initiatives, such as activities of Early Years Networks in local communities</p> <p>Build partnerships with Local Government organisations and provide support for health promotion programs including Public Health Planning</p>
	<p>Communicate health information in a way that considers health literacy e.g. printed materials, social media or video messages. Culturally appropriate communication methods are used for specific groups and settings</p>		
	<p>Engage with consumers to obtain feedback on health service experience e.g. one-on-one, focus groups, or through electronic consumer surveys. This also involves collating feedback and reporting on findings</p>		
	<p>Use evaluation and research methods to determine reach, impact and effectiveness of health promotion action</p>		