Health in All Policies — as important now as ever

Articles in this issue highlight how critically entwined health is with politics and society more widely and how decisions made by policy makers outside of health portfolios can affect health at a social level. This concept is behind the advocacy for the Health in All Policies approach (https://www.who.int/activities/promoting-health-in-all-policies-and-intersectoral-action-capacities), which the World Health Organization (WHO) and a number of countries promote.

The research article by Christopher Sexton and colleagues (doi: 10.5694/mja2.52196) investigates the relationship between socio-economic status and access to fluoridated water in Queensland. Access to fluoridated water is important because of its role in prevention of dental caries and, ultimately, quality of life, and has been an accepted part of preventive health measures since the 1950s, when the WHO endorsed its use. In their study, the authors find that in Queensland, where since 2012 fluoridation has been devolved to local councils for decision in implementation, fluoridation is not universal. They conclude that although "almost 80% of Queenslanders have access to fluoridated water … access is concentrated in the southeast of the state, and fluoridation is more likely in areas of higher socio-economic status". This is a shocking finding with regard to public health and the authors urge the Queensland Government to revise its policy. As they state: "The alternative is to accept poorer access to fluoridated water in poorer areas of Queensland, where the burden of oral disease is already high".

In their perspective, Janet Stajic and colleagues (doi: 10.5694/mja2.52181) discuss how the increase in First Nations population in Australia's capital cities requires a focus on improving health and wellbeing outcomes for these urban First Nations peoples. They note that "Urbanisation can contribute to significant health inequities and can diminish opportunities for facilitating social and cultural cohesion, which are important for First Nations peoples in maintaining cultural identity, culture, and connection to kin" and that "Urbanisation places additional pressures and burden on an already extended health care system, especially in the context of First Nations health care, affecting health system performance and access to, and utilisation of, health care services by First Nations people". They conclude by calling on "governments and research funding bodies to reimagine understandings of First Nations health research in Australia and to provide greater policy focus and funding allocation to urban First Nations health research".

Finally, the perspective by Jennifer Lacy-Nichols and Katherine Cullerton (doi: 10.5694/mja2.52187) discusses how health policy can be affected by lobbying. They describe the importance of transparency around lobbying activities, and highlight the steps taken by Queensland, which has recently made it easier to examine its lobbyist register. As the authors say, "The Queensland contact log gives us a sense of the volume of lobbying done on behalf of each client;" though they note the lack of standard reporting. They conclude that "Making information about commercial political activities more transparent is a first step in challenging undue influence and making government more accountable. Transparency also enables greater scrutiny of how governments make decisions that have an impact on the health and wellbeing of populations". As health and policy becomes evermore intertwined, this concept of transparency should resonate across the health system. ■

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