The social and political framework of health

This first 2025 issue of the *MJA* marks the beginning of a year in which a new US president takes office and in which Australia will have a federal election. Health is always a social and political issue and should not be confined to health portfolios. As the World Health Organization recognises, "population health is not merely a product of health sector programmes but largely determined by policies that guide actions beyond the health sector" (https://www.who.int/activities/promoting-health-in-all-policies-and-intersectoral-action-capacities). One of the most critical ways in which wider policies can affect health is in the way that they recognise, count and subsequently provide for the diversity of a country's population. With regard to multiculturalism, the Australian Government's Multicultural Access and Equity Policy from 2018 (https://www.homeaffairs.gov.au/about-us/our-portfolios/multicultural-affairs/about-multicultural-affairs/access-and-equity) notes that its aim is to ensure that "Australian Government programs and services meet the needs of all Australians, regardless of their cultural and linguistic backgrounds". Despite this, the 2024 review *Towards fairness: a multicultural Australia for all* (https://www.homeaffairs.gov.au/multicultural-framework-review/Documents/report-summary/multicultural-framework-review-report-english.pdf) noted "systemic barriers faced by individuals from diverse backgrounds within the healthcare and mental health systems". In regard to LGBTIQA+ individuals, the policy framework is fragmented although, in 2023, the federal government began developing a draft action plan — *LGBTIQA+ Health and Wellbeing 10 Year National Action Plan* (https://www.health.gov.au/committees-and-groups/lgbtiqa-plus-health-and-wellbeing-10-year-national-action-plan-expert-advisory-group).

Several articles in this issue of the *MJA* reinforce the importance of developing policy coherence and that policies and structures well beyond the health sectors have a direct impact on health outcomes. Possibly one of the most important ways that needs are determined at a population level is the census, next due to be conducted in Australia in 2026. In a letter commenting on the next census, Saxby and Hammoud (https://doi.org/10.5694/mja2.52542) express the concern that many have felt over the discussion of collection of data on LGBTI+ Australians in the 2026 census. After a change of heart by the Australian Government, the 2026 census will include a question on sexual orientation and gender identity. However, as Saxby and Hammoud note, it is not clear if the census will, if it does not align with best practice in collecting these data, provide the evidence base needed for future policy. As they conclude, "Ultimately, health equity is unachievable without data equity. The future of health equity depends on the informed actions we take today to ensure our data accurately reflects the diversity of the entire Australian population".

Inclusivity — in this case of surveys — is the topic of a perspective by Maheen and King (https://doi.org/10.5694/mja2.52545). Population surveys can provide information on a wide variety of health outcomes and health service use and, in their turn, inform health policy. Maheen and King argue that current surveys do not adequately capture the diversity in culturally and linguistically diverse populations in Australia. Although they note that most surveys capture the minimum core data that the Australian Bureau of Statistics suggests are needed, few report all 12 standard indicators. The authors argue that population surveys are both failing to adequately include individuals from culturally and linguistically diverse populations, especially from the most vulnerable groups, and are not capturing the diversity of these populations, including their migration status at time of arrival. As the authors note, without collecting adequate information in population surveys, they will not reflect the diversity within Australian multicultural communities.

Finally, a research article by Spierings and colleagues (https://doi.org/10.5694/mja2.52551) provides essential insights into the knowledge and attitude of one key population group — Aboriginal and Torres Strait Islander people — in relation to coronavirus disease 2019 (COVID-19) vaccination. Though vaccination was offered early to Aboriginal and Torres Strait Islander people, little was previously known about the attitudes within this group. The author group, which comprised Aboriginal and non-Indigenous authors, reported the results from the Yarning About COVID project. They found that the respondents had a high level of trust in the COVID-19 vaccines and were well informed about them. They suggest that Aboriginal community controlled health organisations — an important part of the Australian health care sector — were critical in these levels of trust, which argues for their key role in future health messaging.

All these articles reinforce how critical is the social and political framework that health exists within. These are topics that the *MJA* is keen to explore and welcomes submissions on. ■

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