

# Who votes for public health? An analysis of Australian politicians' parliamentary voting behaviour

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## Background

The political system of Australia, including the actions of federal politicians and the policies of political parties, plays a significant role in shaping the health of the population. Politicians have the power to implement, or not implement, policies that can impact on the population's health.<sup>1</sup> Policy decisions, however, are influenced by many factors including public opinion, media coverage, the complexity of the issue and the ideology of decision makers – and not necessarily scientific evidence.<sup>2</sup> This results in a policy decision-making process that is complex and contextually embedded, with politicians often acting on values-based considerations rather than evidence.<sup>2</sup>

Despite the important role politicians play in setting health policy, limited attention has been given to examining the voting behaviour of politicians in the Australian Parliament regarding health-related policy. Although Australian politicians nearly always vote in parliament along party lines<sup>3</sup>, by examining this topic, key insights can be gained into the decision making of individuals and political parties on public health issues. This knowledge has implications for public health policy making and advocacy in Australia.

## Method

We systematically assessed the voting patterns of federal politicians to determine whether they concurred with the evidence-based policy recommendations of the Public Health Association of Australia (PHAA). By extension this also allowed us to examine the voting patterns of political parties in Australia, comprising: the Australian Labor Party (ALP), which holds a centre-left progressive ideology, the Liberal Party of Australia and National Party of Australia (L&NP), a coalition which holds a centre-right conservative ideology, the Australian Greens (Greens), Independents and minor parties.

In Australia, policy and legislation can only be passed or changed if both houses of parliament approve. To change or introduce policy or legislation, firstly a bill is 'motioned'. If majority support is not gained, a 'division' occurs in which politicians vote for or against the bill. The bill is passed if it receives the majority vote. As no previous public health-related bills had been passed

at the 'motion' stage over the past 5 years<sup>4</sup>, we were interested in investigating the level of support during divisions. We were particularly interested to see whether parties vote as a whole, or if individual politicians ever break party ranks on health policy issues.

Our study was conducted as a descriptive analysis based on a similar study in the US.<sup>5</sup> Policy recommendations of the PHAA regarding four key risk factors for chronic disease – smoking, alcohol, nutrition (including obesity) and physical activity – were identified and documented. Parliamentary voting data was collected from the website 'They Vote for You'<sup>6</sup>, a publicly edited website that lists all divisions that occurred during debates in the Australian House of Representatives and the Senate from 2006. We initially used search terms to search this website for divisions on health policy that addressed any aspect of smoking, alcohol, nutrition or physical activity between January 2006 and September 2019. However, this method was not very specific and so the summaries of all divisions during this period were read and any related to our topics of interest were extracted. Information on how each Member of Parliament voted on the Division, their political party, gender and state or electorate was extracted into an Excel spreadsheet and coded. Politicians were identified as voting for a specific public health policy if their vote aligned with the PHAA policy recommendations on the relevant public health issue.

To confirm the accuracy of the 'They Vote for You' website, each identified division was cross-checked with the relevant Hansard transcript to ensure that the division was documented and the recorded votes corresponded accurately.

## Results

Of the 1992 divisions recorded between January 2006 and September 2019, 26 divisions (1.3%) addressed the risk factors of interest. Of these, smoking-related divisions were the most common ( $n = 14$ ), followed by nutrition ( $n = 9$ ), the abolition of the Australian National Preventive Health Agency ( $n = 2$ ) and alcohol ( $n = 1$ ). None addressed physical activity.

No politician broke party ranks when voting. That is, politicians from the ALP, the L&NP and the Greens, in both the Senate and the House of Representatives, voted consistently along party lines for each division.

The Greens were most aligned with PHAA health policy recommendations (Table 1). In the Senate, they voted in concordance with PHAA policy recommendations for 100% of the divisions. Furthermore, Greens Senators introduced bills for six of the seven debates regarding nutrition policy. The ALP and L&NP Senators voted in concordance with PHAA policy recommendations for 64% and 30% of the divisions respectively. This trend was similar in the House of Representatives (Table 1), with the ALP and L&NP coalition voting in concordance with

PHAA recommendations for 75% and 25% of the divisions respectively. The Greens had only one representative in this House for a brief period during the study timeframe and thus were excluded from this component of analysis.

**Table 1. Voting behaviour of political parties on public health policy in Australia**

Political party	Number of motions voted for in accordance with PHAA public health policy, <i>n</i>	
	House of representatives	Senate
Liberal and National Party of Australia coalition	2	5
Australian Labor Party	6	11
Australian Greens	Not applicable <sup>a</sup>	18
<b>Total number of motions</b>	<b>8</b>	<b>18</b>

PHAA = Public Health Association of Australia

<sup>a</sup> Excluded from analysis as there was only one Greens Member of Parliament for a brief period during the study period.

Over the 13 years of parliamentary voting examined, the major parties (ALP and L&NP coalition) only agreed on two public health policy motions in the House of Representatives. In the Senate, the major parties only agreed on six motions, all related to tobacco. For five of these motions, the policy was in concordance with PHAA recommendations. For the sixth motion both parties agreed, although this motion was not in concordance with PHAA policy recommendations. However, the parties disagreed on motions related to nutrition and alcohol policy, nutrition-related obesity strategies and the abolition of the Australian National Preventive Health Agency (abolished in 2014).

Voting patterns for other parties and Independent politicians were excluded from the analysis as their numbers in Parliament were small and inconsistent throughout the study period.

## Discussion

Progressive parties, in particular the Australian Greens, were considerably more likely to vote in concordance with PHAA policies than conservative parties. These results confirm that a partisan divide in public health policy voting exists in Australia, with the Greens and, to a lesser extent, the ALP more likely to support evidence-based public health policy. These findings are similar to other studies examining this issue.<sup>5,7</sup> There was limited bipartisanship for public health policy regarding behavioural risk factors, except for bills related to tobacco control. This may reflect the decades of advocacy work around tobacco control in Australia, which has ultimately resulted in the acceptance of scientific evidence on the

issue, the reframing of smoking as a social menace, denormalising of smoking, and condemnation of the tobacco industry.<sup>8</sup> In comparison, the other public health issues examined in this study do not have a history of concerted and coordinated advocacy in Australia. Furthermore, for alcohol and nutrition, policy action on these issues is frequently contested due to the involvement of commercial interest groups in lobbying and the moral positions taken by politicians which often correspond with political ideology.<sup>2,7</sup> For example, this may include the view that decreasing the availability of certain unhealthy foods/drinks or alcoholic beverages 'punishes everyone', including responsible consumers. This view aligns with the political ideology of liberalism.

Another important finding from this study was how poorly public health issues related to behavioural risk factors are represented in parliamentary divisions, making up only 1% of divisions. This is particularly concerning considering the significant burden the four conditions investigated contribute to the burden of disease in Australia.<sup>9</sup> This limited representation may reflect lack of political will around public health generally and/or a lack of strong policy advocacy in this field.<sup>10</sup>

These findings have several implications for health advocates. Firstly, they suggest that advocacy messages may need to be tailored or framed differently to appeal to the different ideologies of the L&NP compared with the ALP and the Greens. Furthermore, to address the lack of representation of public health policy issues in parliament, health lobby groups and professional organisations need to combine forces and raise issues in a more coordinated way. Complementing this, a broad range of health professionals should be encouraged to consider personally advocating for public health issues with their local political representatives.

This study also raises questions relating to advocacy strategies. Although the Greens may be champions of public health, we need to recognise that for policy change to occur, the ALP, and often the L&NP, need to be supportive of the proposed policy. In this study, the ALP and L&NP did not support any of the bills introduced by the Greens. However, it is unknown whether this was due to the content of the bill or the nature of the political differences between the parties. Advocates may need to consider, in this highly partisan environment, that there may be a risk targeting the Greens to raise bills on their behalf. Does it result in the other parties, particularly the L&NP, voting against the bill on principle? A better strategy could be to focus the attention of advocates on the ALP, the L&NP and Independents to progress future public health bills.

A limitation of this study was the focus solely on motions related to smoking, alcohol, nutrition (including obesity) and physical activity. This limits the generalisability of our findings. We recognise that public health policy is not limited to these issues, but also concerns the social, environmental and commercial determinants of health. We would encourage further

studies investigating parliamentary support of these policy issues. We also acknowledge that there are some areas of public health policy where bipartisanship support is clearer. In Australia, this has been evident particularly with the recent COVID-19 pandemic, demonstrating the range of party political support for different public health issues. To develop a better understanding of which public health issues receive bipartisanship support we would encourage further research analysing which bills receive majority support when a bill is first motioned in the Australian Parliament.

## Conclusion

Our study empirically demonstrates that a federal politician's support for legislative health policy proposals related to behavioural risk factors differs based on their membership of a political party. It also highlights that further research is required to determine whether it is the content of a bill, or whether it is the nature of the political party raising the bill, which negatively or positively impacts on voting intentions of other parties.

## Peer review and provenance

Externally peer reviewed, not commissioned.

## Competing interests

None declared.

## Author contributions

SC was responsible for the design, drafting, analysis of data and editing of the manuscript. KC was responsible for the design, drafting and editing of the manuscript. AL was responsible for reviewing and editing the manuscript.

## References

1. de Leeuw E, Clavier C, Breton E. Health policy – why research it and how: health political science. *Health Res Policy Syst.* 2014;12(1):55.
2. Cullerton K, Donnet T, Lee A, Gallegos D. Playing the policy game: a review of the barriers to and enablers of nutrition policy change. *Public Health Nutr.* 2016;19(14):2643–53.
3. McKeown D, Lundie R. Free votes in Australian and some overseas parliaments. Canberra: Parliament of Australia; 2002 [cited 2019 Oct 13]. Available from: [www.aph.gov.au/About\\_Parliament/Parliamentary\\_Departments/Parliamentary\\_Library/Publications\\_Archive/CIB/cib0203/03CIB01](http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/Publications_Archive/CIB/cib0203/03CIB01)

4. Parliament of Australia. Bills lists. Canberra: Parliament of Australia; 2020 [cited 2020 Nov 10]. Available from: [www.aph.gov.au/Parliamentary\\_Business/Bills\\_Legislation/Bills\\_Lists](http://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Lists)
5. Purtle J, Goldstein ND, Edson E, Hand A. Who votes for public health? U.S. senator characteristics associated with voting in concordance with public health policy recommendations SSM Popul Health. 2016;3:136–40.
6. The OpenAustralia Foundation. They Vote for You Australia. Adelaide: OpenAustralia Foundation; 2019 [cited 2019 Oct 13]. Available from: [theyvoteforyou.org.au](http://theyvoteforyou.org.au)
7. Baum FE, Laris P, Fisher M, Newman L, Macdougall C. “Never mind the logic, give me the numbers”: former Australian health ministers’ perspectives on the social determinants of health. Soc Sci Med (1982). 2013;87:138–46.
8. Studlar DT. U.S. Tobacco control: public health, political economy, or morality policy? Rev Policy Res. 2008;25(5):393–410.
9. Crosland P, Ananthapavan J, Davison J, Lambert M, Carter R. The health burden of preventable disease in Australia: a systematic review. Aust N Z J Publ Health. 2019;43(2):163–70.
10. Cullerton K, Donnet T, Lee A, Gallegos D. Effective advocacy strategies for influencing government nutrition policy: a conceptual model. Int J Behav Nutr Phy. 2018;15(1):83.

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