Public Health Association of Australia submission on WA’s First Interim State Public Health Plan

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia. The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Preamble

PHAA welcomes the opportunity to provide input to Western Australia’s First Interim State Public Health Plan. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on promoting a healthy ecosystem and reducing social and health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.
PHAA Response to the draft plan

Health status of Western Australians

1. What feedback do you have around the health status and health determinants data used to report on the health of Western Australians in the First Interim State Public Health Plan?

In the Interim Plan, the section called Requirements of the Public Health Act 2016 states that “the purpose of public health planning is to identify the public health needs of the State and each local government district by examining data on the health status and health determinants of the population”. However, there is no section in the report dedicated to determinants of health. While the health status section does identify areas of inequalities among population sub-groups, this is not the same as examining the determinants of health.

PHAA believes that health is a human right, a vital resource for everyday life, and a key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions of society that underpin people’s health. The health status of all people is impacted by the social, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. When considering how to improve public health in our communities, we cannot think of health in isolation. Given this, and the requirements under the Act, the First Interim State Public Health Plan (Interim Plan) should include a section on the determinants of health under Part 1 to be considered as part of public health planning.

For example, the background section to Aboriginal health in Western Australia on pages 23-25 should include information about why Aboriginal health is worse than that of other Australians. This contextual information should consider the determinants of health including historical and political issues. It is important that a strengths based framework is used in this section, including community strengths, rather than using deficit language which may reinforce negative stereotypes.

Given the Interim Plan will be in place for the next five years, it would be useful to include any data projections and/or trend data where possible e.g. population trends, trends in modifiable behaviours. Data from the 2016 Australian Bureau of Statistics Census may be useful and allow further breakdowns of population groups. It may be helpful for the Plan to use more visual representation of data.

The public health objectives are not clearly outlined until Part 2 of the Plan, but are used as headings in Part 1. PHAA suggests that a more logical flow may be to have subject headings in the health status and determinants of health sections in Part 1. For example, in Part 1, a subject heading would be ‘impact of public health emergencies’ and in Part 2 this is translated into a public health objective of ‘mitigate the impact of public health emergencies on the community’.
2. **What type of information would be useful for your organisation in future health status reports for WA?**

It would be useful to see additional data/information incorporated in future iterations of the Plan across the following areas: population data on culturally and linguistically diverse communities in Western Australia; information on broader health determinants (as outlined under q.1); burden of disease data; data on mental health and wellbeing; and data trends/projections in some identified key areas.

### Objectives and policy priorities

3. **What feedback do you have on the public health objectives and policy priorities outlined in the First Interim State Public Health Plan?**

The PHAA understands that the Interim Plan should be consistent with existing State policy. However, rather than reiterate sections of existing strategies, it would be more useful to outline how these existing frameworks are relevant to local government public health planning. Greater explanation could also be included around the role delineation between state and local government in implementing existing frameworks e.g. what role state and local governments can play in implementing the Health Promotion Strategic Framework directions based on their responsibilities and level of influence.

While the timing may not allow for this kind of detail to be included in the Interim Plan, some case study examples could at least be included e.g. The WA Health Promotion Strategic Framework recognises that alcohol advertising influences the drinking behaviour of young people and notes that regulation of alcohol advertising and promotion can curb demand for alcohol products. The WA Labor Party made a pre-election commitment to remove alcohol advertising from all Transperth buses, bus stops and train stations. However, bus stops are owned by local government which means that removing alcohol advertising becomes a responsibility for each individual local government. The Interim Plan could highlight the importance of local government restricting alcohol marketing and the alignment with other state-wide activities to ensure this important area is captured in local public health plans.

The PHAA strongly supports the inclusion of improving Aboriginal health as a stand-alone public health objective area in the Interim Plan. The Department of Health may like to consider including a link to the *WA Aboriginal Health and Wellbeing Framework 2015 – 2020* under this objective. The priorities should also align with the National Aboriginal and Torres Strait Islander Health Plan and Implementation Plan. The policy priorities should work closely with Aboriginal community controlled health services, and include a focus on culturally appropriate services. PHAA suggests that food security for Aboriginal people be included to address chronic disease.
4. Are there any objectives and/or policy priorities not currently listed in the First Interim State Public Health Plan that you believe should be considered for inclusion in future State Public Health Plans?

Climate change is currently not addressed in the Interim Plan. Given its potential impact on community health and wellbeing it should be considered for inclusion in future State Public Health Plans.

While the PHAA acknowledges that areas such as mental health may be led by other agencies, any future iterations of the Plan would benefit from further explanation as to how this important public health issue sits within the context of public health planning. The health and mental health of LGBTIQ young people, and of migrants and refugees are of particular concern and should be considered for future inclusion.

5. Do you believe your organisation could contribute to achieving these objectives and priorities in some way? Why?

The PHAA can assist indirectly by providing access to evidence based policies, position statements and public health expertise. The PHAA has almost 2000 individual members and represents over 40 professional groups. Through its Branches in every State and Territory, and 17 Special Interest Groups, the PHAA has access to a wide range of state, national and international expertise. PHAA has over 70 agreed policies which guide the work of the association and are accessible to the public at https://www.phaa.net.au/advocacy-policy/policies-position-statements

Partnerships

6. How would you like to see the Department of Health work with your organisation to support the delivery of public health initiatives, projects and programmes?

The PHAA strongly encourages the Department of Health to provide opportunities for local government and partners to come together to brainstorm the roles of different levels of government and other public health partner agencies in public health planning.

Workshopping would also be useful to explore the practical application of existing strategies such as the Health Promotion Strategic Framework in public health planning to guide future iterations of the Plan.

7. Do you have any other ideas, suggestions or comments related to the future public health planning process required under Part 5 of the Public Health Act 2016?

The First Interim State Public Health Plan is broad and ambitious but would be improved with the inclusion of more detail in some areas. It would be helpful for the Interim Plan to include have an introduction section for contextual information. This should include a definition of Public Health in the 21st century, particularly to reflect why a new, modernised Public Health Act was needed and the challenges that it aims to address. In line with this, it may be more useful for the section, Requirements of the Public Health Act 2016, to sit at the front of the document. The goals listed on page 29 are confusing in their current placement and context. If they are the goals of the Plan, they should be in an introduction section, and clearly linked with the public health objectives. It would also be useful to explicitly state the intent of the Interim Plan and how it is expected to be used by local government.
PHAA notes that the Interim Plan seems to be heavily focused on health promotion. In accordance with the World Federation of Public Health Associations’ Global Charter for Public Health, the plan should include a similar focus on prevention and protection.

An explanation of role delineation is currently missing from the Interim Plan. PHAA recommends the Department of Health consider outlining the role of WA Health/the Health Department, public health partner agencies and local governments in future iterations of the Plan. A useful example is provided in South Australia’s State Public Health Plan (p.22).

It would be useful to include a section in the plan regarding tools and resources for local government to guide public health planning. For example, as more local governments develop local public health plans, it would be useful to see the inclusion of case studies in future iterations of the State Plan which provide examples of successful/innovative strategies.

PHAA recommends that the list of Partnerships on p38 include Aboriginal Community Controlled Health Organisations.

Conclusion

PHAA supports the broad directions of the Interim State Public Health Plan for Western Australia. However, we are keen to ensure inclusion of the social determinants of health in line with this submission. We are particularly keen that the following points are highlighted:

- The health status and health determinants data section should include more information on health determinants
- The plan should include information on links with local government planning and other public health agencies
- Other important public health areas such as mental health and climate change should be considered

The PHAA appreciates the opportunity to make this submission and the opportunity to comment on the Plan. Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

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20 December 2017