Contents

Introduction.................................................................................................................................................. 3

The Public Health Association of Australia.................................................................................................. 3

Vision for a healthy population.......................................................................................................................... 3

Mission for the Public Health Association of Australia .................................................................................... 3

Preamble.......................................................................................................................................................... 3

PHAA Response to the consultation questions............................................................................................... 4

1. How familiar are you with the State Public Health Plan and its purpose?...................................................... 4

2. The State Public Health Plan’s vision is South Australia: A Better Place to Live. What feedback do you have about this vision?........................................................................................................ 4

3. The State Public Health Plan is supported by four strategic priorities:......................................................... 4

3a. What feedback to you have about these strategic priorities? ........................................................................ 4

   Stronger and Healthier Communities and Neighbourhoods for All Generations ........................................ 4

   Increasing Opportunities for Healthy Living, Healthy Eating and Being Active............................................ 5

   Preparing for Climate change....................................................................................................................... 5

   Sustaining and Improving Public and Environmental Health Protection .................................................... 5

3b. Are there any additional priorities you would like to see included in the future?........................................ 6

4. What aspects of the Plan have been useful to your work?............................................................................. 7

5. What aspects do you believe were not useful and how could this be improved?......................................... 7

6. What aspects do you believe are missing from the Plan that you would like to see included in the new Plan? .......................................................................................................................................... 7

7. Any other general comments?................................................................................................................... 8

Conclusion..................................................................................................................................................... 9

References..................................................................................................................................................... 10
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 the review of South Australia’s State Public Health Plan. The reduction of social and health inequities should be an over-arching goal of a state and national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should provide 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.

Any plan of this kind should take account of the Global Charter for the Public’s Health (“the Charter”) which identifies the three fundamental services as protection, prevention and health promotion, together with four specific enablers: good governance, accurate information, capacity building and advocacy. The Charter was developed by the World Federation of Public Health Associations in conjunction with the World Health Organization at the request of WHO Director General Dr Margaret Chan.
PHAA Response to the consultation questions

1. How familiar are you with the State Public Health Plan and its purpose?

The PHAA South Australia Branch is familiar with the State Public Health Plan “South Australia: a better place to live” and its purpose through a variety of mechanisms:

- As the key professional representative body for Public Health in South Australia, we were involved in a number of consultations throughout the development of the South Australian Public Health Act and then the subsequent Plan and promoted its dissemination when it was released.
- We have been active in supporting the Health in All Policies approach and the Director of the Health in All Policies program was the recipient of the joint PHAA/ Australian Health Promotion Association Primary Health Care Practitioner Award in 2017.
- A number of PHAA Executive members teach and/or research in one of the four Universities in South Australia, or at the SA Health and Medical Research Institute, and information about the development of the Public Health Act and subsequent Plan and strategies are taught in a number of the public health related courses.

2. The State Public Health Plan’s vision is South Australia: A Better Place to Live. What feedback do you have about this vision?

Overall, as the first Public Health Plan for South Australia under the new Public Health Act, this was a comprehensive vision which allowed a broad interpretation of public health. A more specific vision with clear actions and expected outcomes would provide a framework for the plan and an overarching goal for which to aim. The role of the state needs to be clearly outlined in the plan. In particular we would like to see a focus on equity and how the state will address the social determinants that impact the community’s health. This clear articulation of the vision, actions and outcomes should be included in an introductory overview of the plan.

3. The State Public Health Plan is supported by four strategic priorities:

3a. What feedback do you have about these strategic priorities?

Stronger and Healthier Communities and Neighbourhoods for All Generations

This is an appropriate strategic priority given the importance of supporting the development of children from their earliest age and the growing recognition of the importance of healthy ageing. We commend the incorporation of local councils and urban planning into public health planning and practice. However, we recommend that the role of the State Government in this link be clearly outlined.

PHAA believes the local councils could be better supported to understand public health more broadly particularly the role of the social determinants of health are how they are core for a healthy society. Local councils will then be in a better position to more effectively support and focus on social determinants of health, against competing economic considerations. Increased resources and capacity-building for council staff who manage the public health plan implementation should be a key focus for the state government to ensure that there are the appropriate skills and expertise to put these plans into practice.

The plan includes reference to SA Health supporting the development of a Graduate Diploma in Public Health and the Built Environment at UniSA. PHAA believes that this course did not proceed and the
information should be updated to reflect the Planning for Healthy Cities postgraduate course (http://study.unisa.edu.au/courses/152480) and any other pertinent courses.

**Increasing Opportunities for Healthy Living, Healthy Eating and Being Active**

Healthy Living, Healthy Eating and Being Active must always feature highly in any public health plan, but how these opportunities are provided should be explored in more detail. A focus on changing behaviours with minimal consideration of the environmental and social circumstances which significantly impact on these three areas will not succeed. For example, success in massively reducing motor car related morbidity and mortality included changing behaviours but was on the foundation of a range of other interventions such as speed limits, alcohol laws, regulation on motor car design, more effective policing, better road design and so on.

So whilst supporting healthy lifestyles for South Australians should remain a priority, much broader thinking about how a state public health plan can support this would be useful. For example a nutrition program in a local school would need to incorporate not just an education program within the school and changes to school canteen availability, but also partnerships with the local supermarkets and other food outlets to support them to promote healthy food choices.

Additionally, interventions would be needed from the State Government to do what they can to limit marketing of unhealthy food to children and to influence other jurisdictions to have a national approach to limiting such marketing. Clear support for particular policies, initiatives and programs should be outlined, in place of ‘encouragement’.

**Preparing for Climate change**

This is an ongoing challenge and must remain as key priority for SA Health, as well as the South Australian Government more broadly. The potential impacts of climate change on all aspects of the health of the population of South Australia must continue to be identified and strategies and programs developed, particularly to support the most vulnerable populations in South Australia.

However, the details provided in the plan should be more clearly related to the evidence base around climate change impacts in South Australia specifically. For example, the number of extremely hot days in South Australia is rising, and heatwaves are associated with increased risk of heat-related illnesses and death, particularly in the elderly. This will have impacts on health systems including ambulances, hospitals, aged care facilities and morgues. While rainfall patterns are difficult to predict, overall rainfall in South Australia is in decline and if the unpredictability of future rainfall means that drinking water supplies are likely to be at risk. Sea levels have been rising in South Australia faster than the global average, placing coastal housing and other infrastructure at risk of flooding.\(^1, 2\)

Mortality rates are affected in hot areas when heat increases for a little as 1 day.\(^3\) Workplace injuries and compensation claims for outdoor workers have been shown to increase during heatwaves in Adelaide.\(^4\) Outdoor workers in South Australia are already expressing concern about heat stress, with less than half receiving heat-related training, and almost two-thirds believing there should be more heat-related guidelines and regulations.\(^5\)

The plan should include details of specific strategies for state and local government in responding to challenges such as these.

**Sustaining and Improving Public and Environmental Health Protection**

Public and environmental health protection is a core activity for public health and as such should remain a priority. The role for state and local governments in specific strategies, for example, maintaining or restoring energy in emergencies and disasters, should be clearly outlined.
3b. Are there any additional priorities you would like to see included in the future?

i. We commend the Public Plan for the focus on collecting data on vulnerable populations, particularly Aboriginal peoples, and support the ongoing efforts to collect data and report on indicators in this important area. However, in terms of Aboriginal peoples, the current plan notes that: *On a national and state-wide basis this particular focus has been largely addressed through the National Partnership Agreement Closing the Gap 2009-2013, the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 and SA Health’s Aboriginal Health Care Plan 2010-2016.*

It is now clear that the Closing the Gap strategy has not worked and the National Partnership Agreement no longer exists, so the new State Public Health Plan should specifically identify how it will support better health for Aboriginal peoples in South Australia and not depend other state and federal plans to do this.

ii. We suggest a much clearer focus on the importance of equity in supporting the health of the population of South Australia. We note that the current plan states that:

*Several submissions on the draft Plan recommended the inclusion of additional special or vulnerable populations; for example people with disabilities including mental illness, refugees and newly arrived people, homeless people, prisoners, people living in remote areas, the very old and the very young. While individuals in each of these groups can and do experience disadvantage and subsequent vulnerabilities, from a public health planning perspective there can be unintended consequences on relying on a listing of specific categories or populations when considering vulnerability. Firstly even the most comprehensive listing of categories will always run the risk of excluding a particular group, secondly for some groups they may be in such low numbers and so dispersed that it is more appropriate to deal with their issues through specific, targeted state-wide strategies rather than through individual Council’s plans, thirdly and most significantly such a categorical approach to identifying vulnerability overlooks the causes of and the dynamic nature of vulnerability. It is more relevant from a planning perspective to provide a mechanism for assessing the vulnerability of populations to particular public health risks.*

We believe that unless there is specific recognition of inequities and the causes of them for particular populations, very frequently these inequities remain unaddressed, and the risk of missing some vulnerable communities is not enough of a justification for not identifying any particular groups where extra support may be required.

iii. We recommend a stronger focus on enabling the delivery of public health through an emphasis on capacity building, information campaigns, good governance and advocacy. Each of these enablers should be identified and funding provided. Although a challenge for governments at times – ensuring the continuity and success of organisations that are identified as a “critical friend” to government will ensure strong community engagement (as is the case with this request for submissions on South Australia’s State Public Health Plan. Many hours of volunteer time go into such submissions and having organisations that are supported enhanced the government’s ability to be more effective. Effective campaigns do not operate in isolation from regulation but do require investment in dissemination of accurate information. Similarly, support for capacity building being part of the plan will enhance the ability of government to build a stronger public health community.
4. What aspects of the Plan have been useful to your work?

The focus on the role of local councils and programs such as Health in All Policies have opened new possibilities for the PHAA South Australia Branch in terms of advocacy, expanding membership and providing members with updates and seminars regarding public health activity in South Australia. It has also provided the opportunity for the PHAA South Australia Branch to build a discussion around the importance and fundamentals of public health. As this discourse improves the government will have more room to introduce appropriate legislation and regulation that supports public health. It will also provide broader understanding of State Government budget priorities that tackle social determinants of health and other aspects of public health.

5. What aspects do you believe were not useful and how could this be improved?

Overall, the strategies and activities suggested in the plan were generally useful, more clearly defined priorities and actions are likely to generate better outcomes.

6. What aspects do you believe are missing from the Plan that you would like to see included in the new Plan?

i. **A greater focus on equity and the social determinants of health.** Whilst these are discussed at length in the current plan, the actions proposed to address them are not adequate and more specific and widespread strategies should be developed. This would include (but not be limited to) greater support for Health in All Policies and a strengthening of the capacity of SA Health to enable a more comprehensive implementation of this particular strategy. Although many social determinants are outside of the control of the Department for Health and Ageing, as is noted in the Plan, the public health system still has an obligation to advocate for and implement strategies to support the health of all the population. The plan should also recognise a broader range of social determinants of health including those such as stress, social capital and social gradient, which are not directly related to socioeconomic status.6

ii. **A greater focus on the role of primary health care in supporting public and population health.** This should be a broad focus, not confined to the role of general practice. Whilst general practice is vital in maintaining the health of the population and in implementing public health strategies such as those focussed on communicable diseases, the role of a broader primary health care approach in helping to address issues of equity and the social determinants of health should not be overlooked. This broader public health approach was set out forty years ago in the Declaration of Alma Ata and remains relevant today. Developing partnerships with PHNs and other general practice organisations is important, but e.g. Aboriginal Community Controlled Health Organisations provide a comprehensive template for what a community based primary health care service can achieve. The development of community based health services, which could work closely with their local councils, as well as PHNs and local health networks, could help to address some of the current public health capacity issues evident in local councils and support appropriate, locally based public health and health promotion activities.

iii. **A review of the governance structures for public health in South Australia.** The current health plan begins with a message from the Chief Public Health Officer – a position which is no longer a stand alone position but has been combined with that of the Chief Medical Officer. We acknowledge the establishment of the new Prevention and Population Health Branch in SA Health, however a strong leadership structure is needed to actively advocate for community health promotion and disease prevention. The separation of the Chief Medical Officer and Chief Public Health officer positions is
vital to ensure the implementation of the Public Health Act, Public Health Plan and ensure a broad ranging focus on decreasing health inequality and improving community health outcomes more generally.

iv. **Increased support and capacity building for the non-government community services sector to engage in and partner in sustainable health planning and community development.** We acknowledge that to some extent the Health in All Policies has attempted this, however the available resources are limited. Dedicated time and resources to support the community services sector to better understand public health and how they can be part of improving community health outcomes would have lasting positive impact on community partnerships and health.

v. **Increased support for citizen engagement for public health and social justice.** Engaging communities and citizens helps them to execute their own responsibility for public health and this is a key activity which should be included in the plan.

vi. Whilst recognising that mental health is addressed in a variety of other plans in South Australia, consideration of, and support for, the importance of mental health promotion and a recognition that mental health issues are public health issues should appear in the plan.

vii. **Other priority population groups** such as people with a disability should be included in the plan.

viii. The recently released Public Health Indicator Framework 2018, which was developed as a part of the 2013 Public Health Plan, is a comprehensive Indicator Framework and should be very useful for assessing public health outcomes in the next Public Health Plan. It notes that Public Health Aims are:

1. Improved public health and wellbeing of communities and vulnerable groups
2. Reduced incidence of preventable illness, injury and disability

However, these aims are not in the 2013 Public Health Plan, so it would be useful for aims and objectives to be included in the new public health plan. This would also help to ensure a more robust evaluation.

ix. **A recognition of the importance of the Global Charter for the Public’s Health** which encapsulates many of the areas already identified in the plan and additional issues raised in this submission. The Charter provides a strong framework for explaining public health and why the government has developed the South Australian Public Health Plan.

7. **Any other general comments?**

Overall, the focus of working with local government is sensible and has the potential to be very effective. The State Health Plan outlines clear areas in which councils can work, however it may be useful to further consider the difference in culture and understanding between local government, which has traditionally had a very specific focus and minimal contact with the principles of public health and SA Health, where public activities have always been core. It may be that the next public health plan considers in greater detail how to build capacity in local councils and allocates specific resources towards such activities.

We are also concerned that so many strategies include the words “Local Councils are encouraged to...”.

Whilst we recognise that local councils cannot be compelled to undertake specific activities, but rather that it is up to the Council to agree to them, if councils choose not to undertake these activities, what happens? So much of the plan is premised on local government undertaking suggested activities that it seems there is significant potential for such activities to fail, or only be partially implemented. It may therefore be useful to identify specific strategies to address such issues.

Clear roles and responsibilities for SA Health and the State Government should be included in the plan to have the state as a more active leader in the provision of public health in South Australia.
Conclusion

PHAA supports the broad directions of South Australia’s State Public Health Plan. However, clear, well defined priorities are vital to ensure greater focus on equity and the social determinants of health in line with this submission. We are particularly keen that the following points are highlighted:

- The South Australian Public Health Plan should have an explicit focus on ensuring that ALL South Australians are included in any strategies or activities developed to support the health of the population. If extra resources or specific strategies are required to ensure equity, these should be built into the plan.
- The Plan should ensure that both behavioural change and environments that are supportive to making the healthy choice the easy choice. It should take into account the issues outlined in the WFPHA/WHO Global Charter for the Public’s Health.
- The role of primary health care as defined in the Declaration of Alma Ata as a key facilitator of population health and strategies and resources to support a comprehensive primary health care approach should be provided.
- Any South Australian Public Health Plan should recognise the equal importance of protecting and supporting the physical AND mental health of South Australians.
- The Global Charter for the Public’s Health should be used as a framing document for public health in the plan.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the future of South Australia’s State Public Health Plan.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

Michael Moore BA, Dip Ed, MPH
Chief Executive Officer
Public Health Association of Australia

Kate Kameniar
Branch President
PHAA SA Branch

16 February 2018
References