PHAA submission on the Review of the SA Public Health Act

Chief Public Health Officer
South Australia

January 2019

The Public Health Association of Australia (PHAA) wishes to provide input to the 2019 review of the South Australian Public Health legislation.

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, and seeks to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Overall, South Australia has model legislation

PHAA believes that the South Australian Public Health Act 2011 is a model piece of public health legislation and at present is probably the strongest of its kind in Australia. The objectives set out in the Act address public health in its broad sense and capture the overarching goals set out in the Global Charter for the Public’s Health.

The review seeks to assess the efficacy of the legislation in driving public health improvements. It is always difficult to demonstrate direct causation, especially for a (relatively) new regime, given the long-term nature of many public health issues. As is outlined in the recent report by the Chief Public Health Officer the condition of public health in South Australia has seen improvements in recent years in some matters, but also lack of improvement in others.

We also continue to see substantial disparities in health outcomes among vulnerable sub-populations. Limited (or even decreased) investment in health promotion and illness prevention by the state government is a driver of some of these outcomes. Such weak resource investment policies work against the objectives of the state’s legislation.

Possible adjustments to the Principles of the Act

PHAA suggests that attention be given to adjusting some of the principles of the Act, as follows:

- Principle 7: As it stands the proportionate regulation principle states that “regulatory measures should take into account and, to the extent that is appropriate, minimise adverse impacts on business and members of the community while ensuring consistency with requirements to protect the community and to promote public health”. The words relating to impacts on business imply that commercial interest should prevail in the case of any conflict. This should be revised so that the public’s health is put before any commercial interest.

- Principle 11: As it stands the participation principle states that “individuals and communities should be encouraged to take responsibility for their own health and, to that end, to participate in decisions about how to protect and promote their own health and the health of their communities”. The
emphasised words may be read to shift responsibility to individuals, which is inappropriate in the many public health matters where individuals are disempowered by lack of resources, social inequality, lack of access to services, misled by false market information promoted by commercial interests, and other impacts which make a pure notion of individual responsibility illusory. We suggest an amendment to this statement “individuals and community groups should be supported and encourage to participate in decisions regarding the state’s key priorities and resource allocation for community health and wellbeing.”

- Principle 14: As it stands specific principles parts 10 and 11 refer to certain overriding principles regarding communicable diseases. It would be appropriate to include similar overriding principles regarding non-communicable diseases.

Some other suggested changes to the Act

- The expression of actions and outcomes in the Public Health Plan issued under the legislation should be strengthened, in order that the Plan be more effectively implemented and evaluated over time.
- The articulation in the statutory Public Health Plan of the responsibilities of SA Health and other state government agencies should be made clearer with explicit documented outcomes for accountability.
- In practice, the position of Chief Public Health Officer should be separated from that of the Chief Medical Officer, to emphasise its unique role and ensure that public health is not a secondary priority to the tertiary sector. Relevant qualifications and experience in prevention, health promotion and public health planning should be mandatory for a person appointed to this office.
- Establish a deputy Chief Public Health Officer position with the purpose to ensure that strategic public health planning and directions are readily translated to practice in the community.
- Establish a set position on the South Australian Public Health Council for an individual with experience in mental health (noting that this experience has been notably absent to date).
- Consideration might be given to requiring the Chief Public Health Officer report to be issued annually (as is normal for almost all government agencies) rather than biennially.
- The Act states the Chief Public Health Officer report must report on the implementation of the Public Health Plan, but this does not specifically relate to the extent to which it is meeting objectives. The wording of the Act might be adjusted to include such a requirement.

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

Yours Sincerely,

Terry Slevin
Chief Executive Officer
Public Health Association of Australia

Kate Kameniar
PHAA Branch President
South Australia

14 January 2019