

5th July 2024

RE: Submission to the Consultation on the Draft Preventive Health SA Bill 2024

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

We would like to commend the Labor government on delivering their 2022 election promise, to see prevention embedded within the South Australian (SA) health system. PHAA is very supportive of the establishment of Preventive Health SA and the Preventive Health SA Act 2024 in legislation to ensure ongoing investment and commitment to public health and health promotion. We thank you for the opportunity to provide feedback on the draft Bill. We want to emphasise our support of the Bill and hope that the below recommendations will strengthen the Bill further to ensure more South Australians can live with improved health and wellbeing.

- 1. The draft Bill has been designed to ensure prevention is an important and permanent part of the infrastructure of the health system in South Australia, embedding preventive health policy, action and resourcing for long term and sustainable outcomes. How likely is it that the wording in the draft Bill will enable this?**

a. Are there specific areas of the draft Bill that require clarification or strengthening?

PHAA fully supports the intent behind the Bill's design, to ensure prevention is an important and permanent part of the infrastructure of SA's health system. To strengthen the Act's capacity to enable preventive health policy, action and resourcing for long term and sustainable outcomes, we recommend the following.

The ongoing pressure on acute health care service providers means budgets are often stretched. So as to deal with this pressure, governments can easily fall into the trap of transferring funds from the important, but long-term work of prevention into the urgent and immediate demands of the acute health care sector. In line with the National Preventive Health Strategy 2021-30 (NPHS), the financial commitment to the agency will be an important step towards achieving the target of a minimum ongoing investment of at least 5% of the health budget being directed toward public and preventive health. While Western Australia has committed to reach this target by 2029, currently, no state or territory government has met this goal.

To ensure proper minimum resourcing for Preventive Health SA, PHAA recommends that the bill set a "floor" of annual core funding for Preventive Health SA of \$50 million in 2024 dollars. Additional resources might be applied as the agency evolves. We strongly encourage appropriate funding for the programs and policies necessary to achieve positive public health outcomes.

As such outcomes often require consistent and long-term resourcing, action and policy development, PHAA strongly recommends the Act clearly stipulates that the agency will act on the public health priorities previously specified by the Minister and Premier in the initial identification of the need for Preventive Health SA, namely: obesity prevention, tobacco (and vaping), mental health and suicide prevention, alcohol and other drugs, and the determinants of health.¹

South Australians are suffering from most non-communicable, chronic health conditions at a higher rate than the national average, including obesity (SA 68% vs 65%), chronic obstructive pulmonary disease (SA 2.7% vs. 2.5%), Cancer (2.1% vs 1.8%), and mental and behavioural conditions (28.8 vs. 26.1%).² All of these conditions have strong ties to one or more of the above risk factors adversely impacting health in SA.

However, we recognise that the Legislation needs to take long term view. This may mean that factors currently driving burden of disease in the future may, and in fact with successful action will, change and new factors will emerge. We therefore recommend that the Act requires Preventive Health SA to focus on **“actions, programs and policies that will reduce the adverse impact of the major factors driving the causation and burden of disease for South Australians”**.

The value of adding this clarity into the Act will ensure that the agency can focus resources on factors that can deliver significant and demonstrable change to the health of South Australians, thereby achieving clear, reportable outputs of the agency; that the agency does not overextend so that resources are diverted from the major factors driving the burden of disease for South Australians; and to protect the agency from diversion by entities whose commercial interests conflict with the focus areas of the agency.

b. Are there aspects missing from the draft Bill that should be considered for inclusion?

The draft Bill could include Preventive Health SA's role in building the capacity of the public health and preventive health workforce. Achieving the Bill's Objects will require a strong and capable workforce. As acknowledged in the NPHS, which highlights as a policy achievement to be made by 2030, “the public health workforce is ‘future proofed’ through the enhancement of the availability, distribution, capacity and skills of the workforce”. We recognise that a strong public health workforce may not be considered a core objective of the bill, it should be recognised as a key enabling factor to allow achievement of the Bills objects.

2. Do you have any comments about:

a. The Objects?

PHAA broadly supports the Objects of the Bill, particularly the prioritisation of preventing and reducing the burden of non-communicable disease, as well as the focus on promoting equity and the focus on First Nations people which appears in the draft Bill.

Specific reference to the core public health risk factors outlined by the Minister and Premier, such as obesity, tobacco, mental health, and alcohol, would also align with the policy achievements and targets set by the NPHS. These preventable risk factors contribute a dominant proportion of the burden of disease in South Australia and remain the most important opportunity South Australia has to ameliorate the growing demand in our public hospital system. Including the core risk factors, or an expression that encapsulates the prioritisation of the drivers of burden of disease as part of 3(d) “preventive health policy, action and resourcing” would clarify and add meaning to words that run the risk of being broadly interpreted.

¹ Preventive Health SA. Preventive Health SA. Our Work [Internet]. Adelaide: Government of South Australia; 2024. Available from: <https://www.preventivehealth.sa.gov.au/our-agency>

² Australian Bureau of Statistics. National Health Survey: State and territory findings [Internet]. Canberra: Australian Government; 25 Jun 2024. Available from: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-state-and-territory-findings/latest-release>

b. Functions of the Chief Executive for Preventive Health SA?

An election priority of the SA Public Health Consortium was the establishment of an independent state-wide monitoring system for health inequities, which the Labor Government supported. We are pleased to see data collection, monitoring and reporting noted in Section 7(1)(f) of the Bill and we recommend that data on health inequities and the social determinants of health inform the actions of Preventive Health SA.

Additionally, the details in Section 9(2) "Strategic Plan" would benefit from clarity on what is meant by preventive health *actions*, public health *priorities*, and *priority populations*. For instance, that the Strategic Plan should consider actions, programs and policies that will reduce the negative impact of the major risk factors driving the burden of disease in SA, which currently included obesity, tobacco (and vaping), mental health and suicide prevention, and alcohol and other drugs, with additional focus on sub-populations in South Australia who are disproportionately suffering a greater preventable burden of disease.

PHAA welcomes the roles and powers of the Chief Executive of Preventive Health SA as a proper balance of stability, powers, accountability, and scope.

c. The Preventive Health SA Council

PHAA supports the creation of a Preventive Health SA Council. Appointments are rightly under the direction of the Minister of the day at the nomination of the Chief Executive. However, we encourage the Bill be amended to include more transparency in the selection of council membership, with reference to the connection of individuals appointed to the Council, and their credentials as applied to the criteria outlined in 12 (3)(a) to (e). We welcome the requirement of strong First Nations representation on the Council and that for any potential committees that directly work with First Nations health priorities, it is stipulated that this work is First Nations led and designed.

3. The draft Bill seeks to strengthen collaborative action across government and non-government agencies on prevention. Do you think the wording in the draft Bill will enable this? What, if anything, could be considered to strengthen this approach?

PHAA supports the language in the draft Bill that emphasises the importance of collaboration within both the Objects and Functions, especially with other government agencies. We would recommend that section 3(d) could be strengthened by not being limited to the 'health care system and administration'. While preventive health is an important component of the broader health system, a key aim of the agency should be tackling the preventable risk factors. We know these risk factors are heavily influenced by social, cultural, commercial, environmental and other determinants of health. Preventive health policy and action through these lenses should be reinforced across government. For example, Preventive Health SA could also play a valuable role by working with the education, early childhood development, human services, housing, and child protection departments.

4. Which aspects, if any, of the draft Bill align or support current or future prevention activities or initiatives which your agency is involved in planning or delivering?

The establishment of Preventive Health SA and the draft Bill strongly aligns with PHAA's election platform and ongoing commitment to see an increased investment into public health, prevention and promotion. The Preventive Health SA Bill, particularly section 7(1)(e) and section 20, will support our ongoing advocacy efforts in this space.

We are pleased to see the independence of Preventive Health SA be facilitated through sections of the Act that both enable the Chief Executive to lead actions, programs and policies that will reduce the adverse impact of the major factors that are behind the growing presence of non-communicable disease in the SA community and provide impartial, evidence-based counsel to the Minister. This will be further enhanced through partnership with professional associations such as PHAA and research agencies and universities.

5. Which aspects, if any, of the draft Bill will enable and encourage your agency to support preventive health action and possible health and wellbeing outcomes?

The public health priorities previously specified by the Minister and Premier in the initial identification of the need for Preventive Health SA, namely: obesity prevention, tobacco (and vaping), mental health and suicide prevention, alcohol and other drugs, and the determinants of health, closely align with the priority areas outlined in the NPHS. As members of the Health Peak and Advisory Bodies Program for the NPHS, PHAA would readily provide support to Preventive Health SA to assist in reducing the identified risk factors. To ensure that collaboration between expert groups and the council are encouraged, we recommend that the Bill also include bi-annual meetings between the Council or relevant Committees with reliable professional associations (e.g., PHAA) to promote collaboration, bolster advocacy efforts and increase knowledge sharing.

6. Do you have any other suggestions or feedback regarding the draft Bill?

Thank you to Preventive Health SA and the Preventive Health SA Establishment Advisory Council for the opportunity to provide feedback on the draft Bill. We want to reiterate our overall support of the Bill and the establishment of Preventive Health SA. We believe this has been a crucial step in ensuring preventive health is an ongoing and important component of the state's health policy to support the health and wellbeing of all South Australians.

Yours Sincerely,



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