

### The South Australian Public Health Act 2011: a perspective from the SA Branch of the Public Health Association of Australia

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#### Introduction

The Public Health Association of Australia (PHAA) provides a forum for the exchange of ideas, knowledge and information on public health. Nationally, the PHAA is also involved in advocacy for public health policy, development, research and training. At the local level, the South Australian (SA) Branch is the leading organisation for public health professionals to address matters pertaining to public health advocacy, particularly in relation to issues that are central to the needs of the local community and future policy development. The passing of the *South Australian Public Health Act 2011* (the Act) has been met with great enthusiasm by the PHAA. The creation of this new legislation brings to the fore the most recent shift in emphasis in the public health agenda.

Changes in emphasis and direction in public health over the past 50 years are best exemplified in the work undertaken by two life members of the PHAA – the Honourable Dr Basil Hetzel AC and Professor Fran Baum. In this PHAA SA Branch perspective on the Act, we outline examples from these two members' commitment to public health, and discuss how implementation of the Act will further enable the PHAA objectives. This will be achieved through a social justice stance, building strong partnerships and training, and developing a workforce that is equipped for the challenges of public health into the future.

#### A lifetime commitment to public health

At the outset, we will reflect on the career of a South Australian Living Treasure, Dr Basil Hetzel. Dr Hetzel's public health practice and research was primarily undertaken between 1965 and 1985. Most notably, his groundbreaking work in the 1960s was focused on the biomedical (or clockwork) model of health, in which health was viewed as an absence of disease. The model led to enormous advances in public health – in Dr Hetzel's case, to the recognition and successful treatment of the causes of goitre and cretinism<sup>1</sup>. Similar advances were seen in infectious disease through improved sanitation, better nutrition, identification of infectious agents and population-wide vaccination. However, by the 1970s, it was apparent that the effects of lifestyle in an affluent society could be detrimental to individual health; consequently, individual behaviours became a central focus in public health.<sup>2</sup> When it was quickly realised that this focus was not a universal remedy, the Alma-Ata Declaration of Health for All (1978) and the Ottawa Charter (1986) heralded a shift, albeit slow, to a population focus on health and the social determinants of health, particularly using the instruments of health policy and supportive environments. This 'new' public health became the focus of Prof Fran Baum's research. The impact of her and others' research is clear. The PHAA, as it moves into the second decade of the 21st century, recognises the importance of the social determinants of health and the role of health inequalities over the life course. The PHAA 2010-13 Strategic Plan calls for a concentration on work 'at a population level rather than focusing on individuals and their behaviours'.<sup>3</sup>

The *SA Public and Environmental Health Act 1987* embodied and responded to the needs of the biomedical model of health with a focus on infectious disease and environmental issues, specifically sanitation, protection of water supplies and notifiable diseases. Given the expansion in the breadth of public health focuses, this is clearly inadequate, particularly since the impact of and cost associated with infectious disease are far outweighed by chronic lifestyle-associated disease with complex aetiology. The PHAA recognises that public health must respond to and work within complex and dynamic systems; therefore, flexible and comprehensive supporting legislation is essential. The *South Australian Public Health Act 2011* provides this flexibility, and it is time to begin a new era where a commitment to public health becomes everyone's responsibility and is seen as integral to core business. In doing so, we battle two dilemmas – first, the diversity

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of public health issues that need to be addressed and the overwhelming burden of public health messages. The Act provides us with the tools to go beyond public health education to systemic change that will enable healthy and supportive environments. Second, we battle lack of recognition of the nature of public health and the skills required to promulgate the public health message across Government and Non-Government sectors and in the broader population. Indeed, public health is quite often trapped in a time warp, viewed through the lens of a biomedical model and 'pigeonholed' as merely immunisation and environmental health.

### Social justice – at the heart of everyone's agenda

A social justice perspective is central to an organisation such as the PHAA, which maintains a commitment to representing the 'powerless' (e.g., refugees, socioeconomically disadvantaged populations) within our communities when addressing issues of health and wellbeing. The PHAA has reflected this perspective in the recent development of a health equity statement, and intends to include it within the organisation's constitution. Policy development within the PHAA maintains this commitment to a social justice perspective across a diverse range of public health issues, from oral health to prisoner health and immunisation. There is a particular role that the PHAA could play in a new integrated public health system and in implementation of the new Act – to 'act' on behalf of those who have diminished access to power structures, such as prisoners, children and the poor. Change champions and advocates will be essential to embed public health equity across sectors. Recognising and nurturing these advocates will be pivotal to ensuring the longevity of our commitment to our work. One way that the PHAA SA Branch recognises leadership in public health is through annual presentation of the Basil Hetzel Leadership in Public Health Award. Previous winners have included Dr Kerry Kirke, Prof David Roder, Prof Fran Baum and Dr Richard Hicks. The 2012 winner was Dr Martin Dooland, Executive Director of SA Statewide Services, Department for Health and Ageing, an exemplary public health sector employee with a dedicated commitment to the development of oral health policies and programs nationally and within South Australia.

Dr Hetzel and Prof. Baum, while differing in the focus of their work, share one thing in common – both have been, and remain, staunch advocates for public health. Although the Act can offer the tools for change, it will be people who make it happen. To do so, they will need particular skills and a commitment and passion for public health objectives.

### A 'healthy' public health workforce

A well-trained workforce will also require partnerships between the tertiary education sector and health policy and health service organisations, so as to develop curricula that reflect the emerging needs of an integrated public health system. Organisations and individuals will need to work across sectors, thereby requiring a unique skill set. To meet these needs, consideration must be given to the development of an accreditation system that recognises standard skill sets, both for the public health generalist and a range of specialists. Such a system would lift the visibility of public health skill sets and of public health itself. The PHAA is committed to this task through its role in the Council of Academic Public Health Institutions Australia, a peak body representing educational training systems in public health. The PHAA 2011-13 Strategic Plan outlines a commitment to focus on strengthening the workforce through professional development, mentoring and recognition of public health professionals through accreditation<sup>3</sup>. Within the public sector, an example is the Young Professionals Group, SA Health, which is targeted towards maintaining a strong public health workforce into the future. Programs such as this are essential if we are to meet the challenges of an ageing workforce and expanded horizons in public health. We need to train innovative leaders across all aspects of the workforce to address population health issues.

### Building partnerships – across sectors, practitioners, researchers and the community

The strength of public health is that it is a broad church, incorporating a wide range of disciplines including epidemiology, health economics, social sciences, ethics, biostatistics and demography. People come to the sector from a broad range of backgrounds – in our acquaintance we know of individuals with a background in geography, biochemistry, medicine, mathematics, creative writing, philosophy, psychology and allied health. Perhaps because of this, public health suffers from a fragmentation of interests –

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there are many competing agendas that are all pivotal to a healthy and productive society. South Australia provides an excellent setting for building partnerships between local communities, agencies and state government departments. There are many examples of partnerships across sectors, practitioners, researchers and the community that address the complex issues that present within public health. This has been demonstrated in the continuing work of the Health in All Policies agenda, led by SA Health – an outcome of Prof Ilona Kickbusch's residency in the successful SA Government's Adelaide Thinkers in Residence program.

Some partnerships have already been brokered, notably a recent agreement between the SA Local Government Association, SA Health and the Department of Environment, Water and Natural Resources. Partnerships foster strengths, including integrated planning, and reduce duplication of effort. At the same time, partnerships bring forth challenges, such as the difficulties in working across different organisational cultures. Partnerships may be particularly important in areas that serve those who are most powerless, for example between the health sector and the justice or welfare systems. The Act will encourage partnerships across diverse fields, as evident in the development of the Public Health Council and organisations formally committed to addressing matters pertaining to public health. South Australia is an example to take to the world stage, not only in the legislation itself, but in its demonstrated development of partnerships and commitment to a strong workforce.

## Summary

In building an integrated public health focus within South Australia, we require the support of partnerships with and between organisations, applied with a social justice perspective at all levels of the system. Most importantly, all public health professionals in the state must advocate for a population health approach, beyond a discipline or work focus. The *South Australian Public Health Act 2011* provides new flexibility and opportunities. In the first public forum of 2012, the PHAA SA Branch, in partnership with the Australian Health Promotion Association (SA Branch) and Physical Activity, Nutrition Observatory: Research & Monitoring Alliance (PANORAMA) at Flinders University, convened 'From Act to Action: how can the new *South Australian Public Health Act 2011* promote healthy weight in South Australia?'. The PHAA looks forward to implementation of the Act and to collaborating further with the agencies involved within this process.

## References

1. Hetzel BS. *Chance and Commitment – Memoirs of a Medical Scientist*. Wakefield Press, Kent Town, 2005
2. Baum FE. *The new public health*. Oxford University Press, South Melbourne, 2008.
3. Public Health Association of Australia (PHAA). *2010-13 Strategic Plan of the Public Health Association of Australia (Inc.)*. PHAA, Canberra, 2010.