ENSURING A HEALTHIER SOUTH AUSTRALIA FOR YEARS TO COME

South Australian Public Health Consortium

2022 State Election Platform

INTRODUCTION

The introduction of COVID-19 into Australia has shifted the way we as a community think about the importance of public health, not only within South Australia but across the globe. While recognising that vaccine supply from Federal Government and the subsequent roll-out has been suboptimal and more needs to be done to communicate with priority groups, in general, South Australia's response to the pandemic has been a leading example of the benefits of public health in protecting and promoting community health and wellbeing. The COVID-19 response in South Australia also led the way in demonstrating evidence-based and collaborative decision-making, to ensure the best possible balance between economic security, mental wellbeing, and safety from community transmission of COVID-19 infection through physical distancing and other restrictions. This has been achieved through harnessing the expertise and advice of our South Australian public health workforce and excellent leadership from the Chief Public Health Officer - a role advocated for by the South Australian Public Health Consortium. However, this has not been without significant strain on public health workforce capacity.

While the threat of COVID-19 remains an ongoing concern in South Australia and nationally, the health priorities of pre-COVID times also continue to impact the health and wellbeing of our community. Chronic conditions such as cardiovascular disease, arthritis, and diabetes that share common risk factors remain priorities. Social inequity contributes to significant preventable illness and remains a priority. Increased funding for preventive health approaches and policies that support education, employment and housing, as well as workforce capacity, are required to prevent and reduce the burden of illness and support the wellbeing of South Australians.

Going forward into our new normal, where COVID-19 becomes endemic, South Australians need our government to create healthy public policies and initiatives that support people to live healthy and productive lives. South Australians need our government to invest in early intervention and prevention, to stem the tide of chronic disease, with wide-reaching and long-term positive impacts not only for public health but also for the economy.

This report summarises the election priorities of a consortium of South Australian leading public health expert organisations. If introduced, these five evidence-based priorities will contribute to protecting and promoting the health of South Australians for years to come, with widespread impacts across the community. If implemented, the health actions will have benefits for those who experience a disproportionate burden of illness, including vulnerable groups, and will build the capacity of the public health workforce into the future.

Climate change continues to be a major public health emergency. The most recent IPCC report highlights that Southern Australia will experience increased heat waves and severe weather which, along with the global ramifications of climate change, raises many health concerns. We acknowledge the strong commitment the state government has demonstrated to renewable energy. We have no specific asks around climate change but believe it will need to inform all the public health, health promotion, and prevention work we do.

We urge the incoming government to consider its responsibility to protect and promote South Australians' health and wellbeing and to support the priorities put forward within this document through investment in public health prevention. This is essential to maintain a well-functioning and sustainable health system and a healthy South Australian community.

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SOUTH AUSTRALIAN PUBLIC HEALTH CONSORTIUM

We are a consortium of leading public health expert organisations in South Australia who include the South Australian branches of the Public Health Association of Australia (PHAA) and the Australian Health Promotion Association (AHPA), as well as the South Australian Council of Social Service (SACOSS). All partners of the consortium have an interest in promoting health in the community through disease prevention. We share a vision for a healthy, flourishing South Australian community, where all members have the opportunity to live well and engage in community settings.

In recent years, we have been gravely concerned by the reduction in the public health workforce capacity in South Australia in health and community services. This has led to a lack of focus on and capacity to address the preventable causes of death and disability at the population level. Chronic disease continues to affect one in every two Australians with much of the burden being both preventable and experienced disproportionately by individuals living in under-served communities, resulting in challenging social and health care needs. We have come together to emphasise the importance of investing in health promotion and ensuring that services and programs are accessible to those who need them most at very early stages, rather than simply treating people after they are sick.

The Consortium urges all parties to support the actions outlined in this report to ensure the sustained health of the South Australian community.

The Consortium seeks the following commitments:

Increased investment in public health, prevention and promotion with 5% of health expenditure to go towards disease prevention and health promotion

Build the capacity of the public health workforce into the future and beyond COVID-19

Reduce harms from alcohol through the introduction of a floor price for cheap alcohol

Establish an independent state-wide monitoring system for health inequities

Create healthier environments for children

The consortium also endorses some additional policies by other key agencies to improve the health of South Australians (listed at the end of this document).

INCREASED INVESTMENT IN PUBLIC HEALTH, PREVENTION AND PROMOTION WITH 5% OF HEALTH EXPENDITURE TO GO TOWARDS DISEASE PREVENTION AND HEALTH PROMOTION

We call for a continued and ongoing commitment of investment into public health, prevention and promotion.

THE POLICY

- Ongoing commitment for at least 5% of health expenditure to be directed to public health, disease prevention and health promotion.
- A commitment to publicly report on annual public health prevention expenditure.

Definition of public health prevention

The Australian Institute of Health and Welfare defines public health in their Health Expenditure Report [1] (page 52) as:

> *"Activities and services funded or provided by the state health departments that deal with issues related to populations, rather than individuals. They aim to protect and promote the health of the whole population or specified population subgroups. They also aim to prevent illness or injury in the whole population or specified population subgroups. Examples include communicable disease control, organised immunisation, food standards and hygiene, cancer screening, and prevention of hazardous and harmful drug use."*

What is the policy context?

Wellbeing SA's Strategic Plan 2020-2025 highlights the state government's commitment to reprioritise the system to focus on prevention in South Australia to improve the health of the entire population and reduce inequities in health outcomes [2]. This is reiterated in Australian's National Preventive Health Strategy 2021-2030 (currently in draft form) which sets an explicit target of "investment in preventive health will rise to be 5% of total health expenditure by 2030" [3].

Why is this needed?

South Australia is facing significant challenges with increasing demand on the health system and rising health care costs. This was identified by Wellbeing SA in their latest strategic plan, which highlighted that in 2017-2018 the state and local government health expenditure was $4.33 billion [2]. This equated to $2,500 per person, however only approximately $58 of this was spent on public health or prevention (including funding for immunisation, cancer screening, infectious disease control and promotion), with $1,700 spent on public hospital services [2]. While the COVID-19 pandemic is now an important focus of the health budget, the system remains unbalanced with little focus on prevention of other health priorities. This comes at both significant personal and economic costs that are unsustainable for South Australians.

There is growing evidence of the cost-effectiveness of the prevention of illness interventions [4] and that these interventions generate flow-on benefits (such as reduced burden on health care) as a pay-off for investment [5,6]. Effective public health prevention also contributes to both social and national economic productivity by increasing the number of years that South Australians remain in good health [5,7].

A minimum investment of at least 5% of the health budget being focused on public health prevention is now considered best practice and is in line with countries such as Canada, New Zealand and the United Kingdom.

By South Australia increasing its investment in prevention to at least 5% of total health expenditure, it will ensure the strategic vision of Wellbeing SA is achieved, so that South Australia is equipped to tackle health inequities across the state and ensure a fairer health system for all, beyond the COVID-19 pandemic.

BUILD THE CAPACITY OF THE PUBLIC HEALTH WORKFORCE INTO THE FUTURE AND BEYOND COVID-19

We call for a commitment to build the capacity of the local public health workforce.

THE POLICY

- A comprehensive review of the scope of the preventive health workforce in South Australia to provide greater understanding of sector characteristics, core activities, and needs.
- The review would then inform the establishment of a dedicated employment training and development program for health promotion and disease prevention practitioners.

Background

Public health comprises three critical components: health protection, health promotion and disease prevention. To achieve a coordinated prevention system and to ensure positive health outcomes for the community, the public health workforce must be adequately trained, skilled and supported to address current challenges (including the pandemic), but to also meet future challenges, using a range of social, behavioural, and environmental interventions.

What is the policy context?

There have been numerous calls for a focus on increased investment in public health workforce training and development, to address the current pandemic and beyond [8]. This has been identified as the best value and least costly insurance governments could take out against future outbreaks [9].

National Cabinet's Localised Health Response plan highlights the importance of advancing the public health workforce to address COVID-19 [10]. The plan also states the need to improve the long-term sustainability of the public health workforce beyond COVID-19. One of the key actions is to consider options for developing a formal public health workforce training program. Furthermore, the South Australian Public Health Strategic Plan 2019-2024 identifies workforce capacity as a potential action area to "build capacity and skill development to support coordinated public health action" [11].

Why is this needed?

The Government's response to the 2012 McCann Review of Non-Hospital Based Services led to the decimation of the local preventive health workforce. Significant cuts to health promotion have compromised workforce capacity to deliver essential nonclinical services and programs, and have led to the depletion of skills, expertise, and knowledge in public health [12]. Expertise in public health is essential for the effective delivery of sustainable health promotion and disease prevention initiatives. This has been clearly highlighted by the COVID-19 pandemic [8]. For example, health promotion practitioners play a vital role in working with the community to navigate their understanding of health issues, build health literacy, and support uptake of preventive measures, testing, and treatment [13].

The establishment of a specialised government training program will systematically improve the capacity and skills of the preventive workforce, spanning early career practitioners to mid-career professionals. A dedicated program will stimulate jobs and provide career pathways for practitioners with unique skills and expertise in health promotion and disease prevention [14]. Particular attention should focus on recognising the value and resourcing the capacity of the Aboriginal public health workforce to ensure healthcare initiatives are culturally safe [15].

The Australian Health Promotion Association's longstanding *Health Promotion Scholarship Program* in Western Australia provides a viable model to support and enhance the preventive health workforce [14]. The program operates through a partnership between AHPA and the WA government via

Healthway and has been running for more than 20 years. This longstanding program provides training and opportunities for graduates to gain public health experience in government and non-government agencies across metropolitan and regional areas. Program evaluation demonstrates considerable impact in building workforce capacity and supporting employment pathways, while enabling host agencies to deliver impactful public health projects. For a relatively modest investment, the program has trained more than 100 practitioners over its lifespan, including Aboriginal and Torres Strait Islander graduates. The program demonstrates scalability to other jurisdictions and represents a viable option for the South Australian government.

REDUCE HARMS FROM ALCOHOL THROUGH THE INTRODUCTION OF A FLOOR PRICE FOR CHEAP ALCOHOL

We call for the introduction of a floor price for cheap alcohol products to reduce alcohol harms in South Australia.

THE POLICY

- Involves setting a floor price per standard drink of alcohol that can be sold.
- This will increase the price of the cheapest packaged alcohol (this mostly affects cask wines) if it is being sold below a floor price (e.g., below a minimum of $1.50 per standard drink).
- The intention is to reduce harmful consumption by increasing the price of cheap alcohol beverages, while having a minimal impact on moderate consumers, as these consumers typically already purchase alcohol at prices above the floor price.
- It is expected to largely impact off-license sales (e.g., bottle shops) and have little impact on on-license sales (such as bars, pubs or nightclubs), given that prices per standard drink are typically higher in these settings.
- The floor price will be regularly adjusted for inflation.

What is the policy context?

The introduction of a floor price in South Australia would be in line with evidence-based strategies listed in the National Alcohol Strategy 2019-2028 [16], the National Drug Strategy 2017-2026 [17] and the Public Health Association of Australia's policy position statement on alcohol [18]. Since a minimum unit (or floor) price was introduced in the Northern Territory in October 2018, evidence has found a reduction in alcohol-related harms [19]. Further, the World Health Organisation has determined that alcohol taxation and pricing policies are among the most effective and cost-effective alcohol control measures [20].

Why is this needed?

Alcohol is the most widely used drug in Australia [21] and is also considered the most harmful drug overall [22]. A large number of South Australians are drinking at risky levels, with over 499,000[1] South Australians putting themselves at increased risk of alcohol-related disease or injury. The more South Australians that drink in excess of health guidelines, the higher the harms to our community, in the form of injury, road traffic accidents, domestic violence, chronic disease and many cancers [23].

A strong link exists between alcohol price, alcohol use, and alcohol-related harms [24]. Evidence demonstrates that as the price of alcohol increases, alcohol use decreases in the general population, and among heavier drinkers and young people in particular [25]. Subsequently, the risk of harm decreases. In South Australia, wine is being promoted and sold at dangerously low prices, including as low as $0.33 per standard drink.[2] Setting a floor price for alcohol is one of the most efficient and cost-effective strategies to reduce alcohol consumption [26-28]. Evidence from the Northern Territory, Scotland and Canada shows introducing a floor price would save lives, reduce hospital admissions, and reduce crime [19,28-30].

[1] Based on ERP for South Australia in March 2021 and 2019 National Drug Strategy Household Survey analysis that 34% of South Australian respondents aged 14+ population drink in excess of NHMRC guidelines (i.e., more than 10 drinks per week or more than 4 drinks in one day).

[2] Calculation based on the price of a cask of Sonata Estate Dry White and Red Wines at 30.0 standard drinks for $9.99 at Dan Murphys online on 1 October 2021

A recent report on the minimum unit price (or floor price) policy implemented the Northern Territory has found that this policy has been associated with per-capita decreases in:

- alcohol-related assault offences,
- protective custody episodes,
- alcohol-related ambulance attendances,
- alcohol-related emergency department presentations,
- alcohol-related hospital admissions,
- fracture of skull and facial bones-related hospital admissions,
- Sobering Up Shelter admissions,
- alcohol-related road traffic crashes resulting in injury or fatality, and
- the number of child protection notifications [19].

While only the federal government can pass tax laws, Australian states and territories have the responsibility of regulating liquor retailers. In the Northern Territory, minimum unit/floor price is mandated as a condition of holding a liquor licence and the same legislation is possible in South Australia. Monitoring and evaluation will be an important part of any implementation process. We are calling on the South Australian Government to put the health of the community ahead of alcohol industry profits. By setting a floor price below which alcohol products cannot be legally sold, we will stop the alcohol industry from pushing cheap alcohol on the South Australian community, our young people, and our most vulnerable citizens.

ESTABLISH AN INDEPENDENT STATE-WIDE MONITORING SYSTEM FOR HEALTH INEQUITIES

We call for an independent state-wide annual monitoring and public reporting system for health and health care inequities in South Australia, by the Health Performance Council.

THE POLICY

- There are existing datasets and ongoing surveys within SA Health such as the South Australian Population Health Survey which currently collects some data on health inequities.
- We recommend that these data are supplemented by other data (such as data on housing, employment, education, income, and health care), and reported annually.
- An effective system that provides data in accessible form (e.g., online portal) to all sectors of government and the public would shine a light on where health inequities exist in South Australia, and provide an evidence-base to inform interventions, and a means of tracking progress over time.

What is the policy context?

Health inequities are avoidable health inequalities that are attributable to the circumstances in which people are "born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life" [32]. From the limited data that are available, it can be determined that health inequities have been increasing in South Australia [33,34]. The establishment of an auditing tool to measure institutional racism [35] and the findings of its application across South Australia's ten Local Health Networks has revealed a significant level of institutional racism and health inequality. If South Australia is to improve access to healthcare services by everyone, it is essential that issues of equality of access to quality and culturally appropriate care are addressed. This will require that the nature and status of health care provision is monitored across the entire healthcare system and that an independent state-wide health equity monitoring policy accompanied by research, data analysis and reporting, led by an independent body such as the Health Performance Council, is appropriately resourced and supported.

Why is this needed?

The establishment of this system and policy will have many benefits. It is crucial that specific indicators of health equity are identified and inform the development of strategies to reduce inequities [36,37]. Policies and actions that aim to improve overall health can inadvertently widen health inequities between groups [38]. Health equity indicators (see Box 1 for examples) help identify subgroups within the population that are currently under-served by health services and have higher rates of morbidity and mortality [36,38]. Equity-based interventions can reduce inequities if they are universal actions with a scale and intensity proportionate to the level of need [39]. Health equity-based indicators also enable governments to monitor progress in meeting public commitments and appraising impact of interventions to improve health.

South Australia does collect data that enables an assessment of health inequities for the state, namely through the South Australian Population Health Survey (SAPHS) and its predecessor, the South Australian Monitoring and Surveillance System. The SAPHS provides overall indicators of health inequity in South Australia, but more information can be obtained from surveillance data in understanding the mechanisms which create health inequities [34]. South Australian Monitoring and Surveillance System data were previously used for reporting on three targets included in South Australia's Strategic Plan (2014): target 82 (healthy weight), target 85 (chronic disease) and target 86 (psychological wellbeing) [40]. There is scope for a much wider use of health-equity monitoring data in informing intersectoral and whole-of-government actions to target a wider range of health indicators and determinants of health (e.g., housing, employment, education and income). Further, analyses for key subgroups examining socio-demographic trends and geographic inequities can provide further

information about where preventative health interventions may be of the most benefit. Surveillance data can be used to determine what works in reducing health inequities due to the potential for using data for evaluation purposes [34].

The sustainability principle of the *South Australian Public Health Act 2011* states that "public health, social, economic and environmental factors should be considered in decision-making with the objective of maintaining and improving community wellbeing…". Likewise, under the Act, regional public health plans are required to include information as to "environmental, social, economic and practical considerations relating to public health in the relevant region". A state-wide health equity monitoring system and policy that addresses the whole-of-government actions that are needed to reverse the trend of increasing inequities would align well with the requirements of the *South Australian Public Health Act 2011*.

Box 1: Examples of Health Equity Indicators

- Healthy life expectancy at birth
- Life expectancy at birth
- Inequity in life expectancy at birth
- Birth weight of newborns
- People reporting low life satisfaction
- Early childhood development at school entry
- Literacy and numeracy
- Full time participation in secondary school at age 16
- Earning or learning at ages 15 to 19 and ages 19 to 24
- Unemployment and underemployment %
- Long term unemployed
- Households below the poverty line
- Utilisation of outdoor space for exercise/health reasons

All indicators should be collected annually and be reported by gender, socioeconomic status and other equity groups.

CREATE HEALTHIER ENVIRONMENTS FOR CHILDREN

We call for a commitment to create healthier public environments for all South Australian children.

THE POLICY

- Phasing out all advertising of unhealthy food and drinks on government-owned property by 2025.
- Revising the *Right Bite Healthy Food and Drink Supply Strategy* for South Australian schools and preschools [41], to incorporate a mandated minimum of 60% GREEN category foods, and no RED foods or beverages on school menus.

What is the policy context?

Nationally, the Australian Health Ministers endorsed five actions to limit the impact of unhealthy food and drink on children across the following areas - health care, schools, children's sport and recreation, food promotion, and food regulation. *A National Interim Guide to Reduce Children's Exposure to Unhealthy Food and Drink Promotion* was endorsed in August 2018 for voluntary use by state/territory governments [42]. The Good Practice Guide (2019) published by the COAG Health and Education Councils highlights the importance of creating school environments where students are supported to make healthy food and drink choices. One specific action is to prevent unhealthy food and drink marketing in school canteens and at school-related activities [43].

Within South Australia, a focus area of the *South Australia's Public Health Strategic Plan 2019-2024* is to "Prevent chronic disease, communicable disease and injury" with multiple potential action areas including "plans, policies and practices that address the risk factors for chronic disease focusing on healthy eating".

In 2017, the *Food Policy Index* published data on each Australian jurisdiction's level of implementation of policies for tackling obesity and creating healthier food environments [44]. One key policy area was *restricting promotion of unhealthy food in children's settings*. At the time of the report, South Australia had scored at 'very little, if any' level of implementation for this policy area. A follow up report recommended the government "implement policies to restrict unhealthy food and beverage advertising in settings controlled or managed by the South Australian government" [45].

The 2008 *Right Bite Healthy Food and Drink Supply Strategy* provided nutrition criteria for school food supply in South Australia. The criteria were based on the traffic light system – GREEN (high nutrient foods, choose plenty), AMBER (moderate nutritional value, select carefully), and RED (low nutrient foods that can contribute to excessive energy intake, avoid) [41]. The criteria served as guidelines, and despite a Right Bite policy being developed, they were not mandated nor monitored and there was no suggested proportion of 'GREEN' category foods to be offered at each site.

Why is this needed?

Physical environments shape children's food-related behaviours. Food marketing influences children's food preferences, purchase behaviour, consumption patterns and diet-related health [41]. Further, children's exposure to unhealthy advertising is directly linked to an increase in energy (kilojoule) consumption [46]. SA Health identified these issues in their 2012 Discussion Paper *Australian children's exposure to the advertising and marketing of energy-dense nutrient-poor foods and beverages: strengthening current arrangements* [47]. Specifically, Guideline 5.2 states "unhealthy foods are not marketed in or in association with events or activities of childcare, preschools and schools or other institutions that provide services primarily to children".

Western Australian research suggests 74% of outdoor food advertisements within 500m of Perth schools were for unhealthy foods. Of more concern, schools located in disadvantaged areas had a significantly higher proportion of total food ads, unhealthy food ads and alcohol ads within 250m,

compared to schools in advantaged areas [48]. Given that other jurisdictions that have demonstrated policies to remove unhealthy food advertising have not had a negative impact on government revenue [49], **we call for a phasing out of all unhealthy advertising of food and drinks on South Australian government-owned property by 2025.**

School policies provide a promising avenue to support healthy behaviours, through their continuous contact with children outside of the home [50]. Recent research showed that school food provides 37% of daily energy intake and 44% of energy consumed during the school day was from discretionary foods high in energy, saturated fat, and added sugars (e.g., biscuits, processed meats, and muesli bars), while most children consumed less than one serve of vegetables [51].

An underlying limitation to the original SA Right Bite criteria is the lack of direction around recommended proportions of 'GREEN' menu items, and the resultant dominance of 'AMBER' options on many canteen menus, including heat-and-serve or packaged options that are limited in fruit or vegetable content and low in fibre. A study by Woods et al. audited canteen menus across Australian jurisdictions to assess compliance with guidelines. The assessment showed only 35% of the South Australian canteens audited offered 50% or more of green foods, despite offering red options, e.g., ice-creams and cakes [52]. Having more 'GREEN' options available on school menus encourages their consumption. A 2018 study revealed that as the availability of green items on a canteen menu increased, so did children's consumption of these items [47].

In line with other Australian jurisdictions, including Western Australia [53], **we recommend that a revised Right Bite strategy establishes and mandates a minimum of 60% GREEN category foods to be available on school menus, and that menus contain no RED food or beverages.** Other elements of successful school food supply strategies will need to be closely considered during a gradual implementation phase. For example, ongoing funding is needed to support a comprehensive monitoring and evaluation system, with high-quality training of canteen staff and engagement with other key stakeholders [49]. Equitable allocation of resources is also needed to ensure each site is supported to implement the guidelines, particularly where schools are relatively disadvantaged.

ADDITIONAL POLICIES TO SUPPORT THE HEALTH OF SOUTH AUSTRALIANS

The South Australian Public Health Consortium also endorses the following campaigns.

Raise the Age of Criminal Responsibility Campaign

- This campaign urges the state government to raise the age of criminal responsibility from 10 to 14 years.
- Further details can be found at: www.raisetheage.org.au

South Australian Council of Social Service (SACOSS) Election Platform

- The SACOSS election platform addresses a number of issues that impact on the social determinants of health and access to affordable health services.
- Further details can be found at: www.sacoss.org.au/basics

Cancer Council SA

- Reducing the financial burden for rural and remote people with cancer
- Re-invest in the Beat Cancer Project
- Co-funding of the Tackling Tobacco Program.
- Further details can be found at: www.cancersa.org.au

Heart Foundation

- Boost cardiovascular research in South Australia
- Get more people walking more often and invest in Heart Foundation Walking
- Empower South Australian Aboriginal Women to improve their heart health
- Further details can be found at: www.heartfoundation.org.au/getmedia/8f0c34cb-41cf-478f-994b-5fd7cab0990e/Heart-Foundation-SA-Election-2022-Proposals-FINAL.pdf

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