



Public Health Association
AUSTRALIA

**Public Health Association of Australia
submission on the 20-Year State
Infrastructure Strategy
Discussion Paper**

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Preamble

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.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

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.



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Comments on the Discussion Paper

PHAA welcomes the opportunity to provide input to the 20-Year State Infrastructure Strategy for South Australia. We have examined the Discussion Paper released in June 2019, and provide comments on it in this submission.

Vital significance of the Public Health Act 2011

The South Australian *Public Health Act 2011* ("the Act") is one of the leading pieces of public health legislation in Australia today. It outlines clear principles not only for the vital day-to-day administration of public health matters, but for the embedding of public health, health promotion and illness prevention into all aspects of the governance of South Australia.

Legislation to strengthen public health protection is a clear trend in state laws in recent years. The South Australian Act provides the clearest statement of good policy of any of the recent state legislative reforms.

The objects of the Act include the following:

- (a) *to promote health and well being of individuals and communities and to prevent disease, medical conditions, injury and disability through a public health approach; and*
- (b) *to protect individuals and communities from risks to public health and to ensure, so far as is reasonably practicable, a healthy environment for all South Australians and particularly those who live within disadvantaged communities; and*
- ...
- (e) *to encourage individuals and communities to plan for, create and maintain a healthy environment; ...*

The Act also commits South Australian authorities to observing a number of key principles, including the *precautionary principle* (Section 6), the *sustainability principle* (Section 8), the *principle of prevention* (Section 9), and the *population focus principle* (Section 10). Separately and together, these legislated principles must guide the development of the state's Infrastructure Strategy.

The Act also provides for the creation of the State Public Health Plan (Section 50), for regional public health plans (Section 51), and for approved policies which "relate to any area of public health in the State" (Section 53). Once again, all these statutory instruments must be taken into account in developing the state's Infrastructure Strategy.

Under Section 50 of the Act the state has indeed adopted the State Public Health Plan, *South Australia: A Better Place to Live* ("the Plan"). Initially issued in 2013, a second iteration of the Plan is currently being finalized after consultation with the people of South Australia and relevant stakeholders. PHAA SA Branch has been active in supporting the Plan and in making submissions to its first five-year revision.

The Plan provides a number of guiding principle and directions, many of which relate to regions and places, and therefore are intimately connected with planning design and infrastructure provision in those places.

The Act and the Plan commit the state to legislative and policy goals of vital importance to the future wellbeing of South Australians. The impact of the Act and the Plan on infrastructure planning for the state are highly significant, and must be accorded the status due to a major piece of state law. As a state instrumentality, Infrastructure SA must have regard to the provisions of the Act, and must ensure that it makes decisions which support, and do not conflict with, the objectives legislated in the Act.

Infrastructure SA recognises that it is “tasked with ensuring South Australia has robust long-term planning and transparent decision-making for critical public and supporting private infrastructure projects across the State.” (Discussion Paper, 4). The agency cannot complete this task satisfactorily without taking into account the Public Health Act and Plan. The Discussion paper further notes that “Done right, [the creation of the Infrastructure Strategy] will support economic growth, social wellbeing and sustainable environmental management.” The health aspects of this goal involve much more than reducing “healthcare waiting lists”. They involve contributing to making South Australia a healthier population in the first place, as the Act envisages and requires.

Preventive health policy requires attention to all factors of community life which are drivers of short- or long-term illnesses, injuries and other adverse impacts on health. This means that Infrastructure SA’s remit in developing a state infrastructure strategy must attend to the full range of drivers of ill health, and not merely be limited to project-focused issues relating to the construction of individual health facility assets. At present, the discussion paper is clearly limited in that regard. This should be corrected.

PHAA argues that highly integrated planning is required that links across sectors including health, transport, housing, community services and other domains of state planning and state activity.

To fully promote and protect health and wellbeing, infrastructure that is created in the future also needs to be connected to strategic level city and regional planning, and should avoid a distorted focus on ‘flagship’ megaprojects.¹ Failure to provide integrated planning has historically meant that built infrastructure has –

- inappropriately prioritised short-term ‘economic’ considerations, such as motorised vehicle trip times, over wider factors such as healthy approaches to physical mobility, access and wider amenity and health impacts; and
- inequitably prioritised inner urban centres over outer suburbs, with basic infrastructure failing the health and wellbeing and liveability needs of the large majority of suburban and regional populations.²

Separately from the Public Health Act, the state’s *Planning, Development and Infrastructure Act 2016* requires state planners to “support and enhance the State’s liveability” in their decision-making (subsection 12(1)). This wider concept of liveability necessarily embraces health and wellbeing, and should be taken together with, and interpreted consistently with, the requirements of the Public Health Act.

The Planning, Development and Infrastructure Act also states that the scheme established by it should “promote cooperation, collaboration and policy integration between and among State government agencies and local government bodies” (para 12(2)(g)), which clearly indicates that integration of planning and decisions with the statutory public health authorities must occur.

Historically, public health impacts are usually either never considered, or are considered only at very late stages in project planning, and are limited to local amenity impacts (localised pollution, noise, etc). These considerations may come to light when making Environmental Assessments, but do so long after strategic decisions about wider planning and infrastructure choices have already been committed to.³

Public health impacts should be considered across the development of overall strategies, long-term infrastructure planning, through to specific project business cases and approvals processes. At every stage decision-makers should be required to ensure that strategic decisions are made, and infrastructure projects delivered, in the interest of public health as defined in the Act.

PHAA believes that, to fulfil the legal mandate of the Act, all SA government agencies are required to complete adequate public health impact analysis as part of the wider analysis undertaken for future broad scale infrastructure strategies, as well as for specific project proposals.

Impacts of infrastructure choices on public health

At the level of specific infrastructure project choices, impacts on public health in terms of transport⁴, energy⁵ and other systems are too often overlooked. However under current state law, PHAA argues that a higher standard of consideration must be met.

A major problem here is the false conceptual dichotomy between ‘built /hard infrastructure’ chosen to pursue economic goals, and ‘soft’ infrastructure solutions that would better deliver social goals. In fact, it makes better long-term economic sense to create healthy and productive environments in which people can live and work overall. A narrow focus on economic inputs – such as vehicle trip times – is, in short, actually bad economic thinking overall. Far better policy is to ensure that infrastructure works to create health places for living and working. Doing so will have immediate and lasting positive consequences for health, wellbeing, and equity. (The Greater Sydney Commission’s metropolitan and district plans are good examples of such planning, as is the Adelaide Metropolitan Plan.)

Impacts of infrastructure project construction and delivery on public health

Public works in South Australia must be undertaken – including at planning stages - in accordance with development legislation. This includes the South Australian *Planning, Development and Infrastructure Act 2016* and the *Development Act 1993*, as well as the Commonwealth *Environment Protection and Biodiversity Conservation Act 1999*.

The development regime addresses some health-related matters such as impacts on water quality, air quality and noise. Some of these issues directly or indirectly involve concerns about public health and illness prevention. However, this legislative scheme does not purport to provide a comprehensive public health approach to strategizing for, planning and delivering infrastructure works.

Public health concerns need to be taken into account at the earliest stages of infrastructure planning, which address the overall goals of infrastructure strategies, the selection of projects, and the coordinated planning of project works. If infrastructure projects have an impact on public health and drivers of illness, they will almost certainly need to be addressed as part of project selection and planning, not at the delivery stage. There may, however, be some remaining decisions about project delivery, materials use, site contamination and local environmental impacts which are health-related.

Conclusion

PHAA welcomes the fact that the State is undertaking comprehensive infrastructure planning. Good planning allows, amongst other considerations, opportunities to maximise the health and wellbeing of South Australians for decades into the future. PHAA is particularly keen that the following points are highlighted:

- The Infrastructure Strategy must take into account the requirements and strategic directions of the Public Health Act and the State Public Health Plan
- Processes for future infrastructure choices must be established to fully take into account public health issues
- Practices for infrastructure construction and delivery should address public health issues arising out of construction and delivery events.

The PHAA appreciates the opportunity to make this submission. Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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