

Public health

PUBLIC HEALTH IS CRUCIAL for the promotion and protection of health. Links between preventive action and improved health status (eg, in the case of smoking-related cancers, the decline in sudden infant death syndrome and rates of cardiovascular disease) present strong arguments for increased investment in public health infrastructure. The Public Health Education and Research Program¹ has ensured a well-trained public health workforce to support national, state and local initiatives.

Partnerships. The importance of partnerships in public health has been recognised and institutionalised. Australia's success in containing the HIV/AIDS epidemic resulted from partnerships between government, the gay community and health-care workers. The National Public Health Partnership, involving State and Commonwealth governments and non-government organisations, coordinates the national public health effort. Its work is exemplified in the development of model public health legislation, particularly on passive smoking, and definitions of public health core functions. A further example is the *EnHealth* Council, which includes non-government organisations, industry and governments, and promotes coordinated approaches to environmental health. At State/Territory and local levels, partnerships between government and non-government sectors, communities and public health professionals have been formed to tackle Indigenous health issues, alcohol and drug issues, and for public health planning.

Health-status inequities. Worsening inequities in health status are a major concern, especially in regard to Indigenous Australians. Socioeconomic differences in health status are being researched. Factors including employment, education, geographical location, access to health services, transport, levels of social capital and living conditions are recognised as crucial in ameliorating socioeconomic health differences, in contrast to earlier beliefs that behavioural changes would improve health status.

Primary care. The Commonwealth has invested heavily in general practice. The Divisions of General Practice and initiatives from the federal Department of Health and Aged Care have encouraged greater involvement of GPs in population health. Increasing vaccination and cervical cancer screening rates are notable successes. The involvement of other primary healthcare workers (community nurses, physiotherapists, dietitians, speech pathologists, pharmacists, social workers and psychologists) needs more encouragement. Some of these groups are more suited, through their training and orientation, to facilitate community participation and develop health-promotion strategies involving sectors such as transport, local government and housing.

Drug use. Harm-reduction principles are recognised as progressive and effective.² In Australia, however, harm



minimisation is compromised by the focus on controlling illicit drugs, while insufficient attention is paid to tobacco and alcohol, which account for greater disease burdens. Governments need to commit to long term drug policies, accepting that successful implementation may not achieve short term political recognition.

Mental health. Mental illness is recognised by the World Health Organization in its 2001 report as one of the most urgent global health problems. Rates of disease are increasing, but treatment options are limited and preventive strategies inadequate. Australia has responded through a National Mental Health Strategy that sees mental health as a population-wide problem, with individual and community solutions.³ Programs funded under this strategy (and others) are tackling depression and seeking to reduce the rates of suicide among men aged under 35 or over 65 years.

The next five years. Economic globalisation presents threats to public health. Chief among these is the growth in the power of multinational companies and the power of international treaties to override national legislation designed to protect health. Deregulation of industry practices threatens food safety. Food scares in Europe (eg, mad cow disease) and Australia (eg, haemolytic-uraemic syndrome in Adelaide)⁴ indicate problems with relaxing the regulation of food production and retailing.

Inequities in health status, especially relating to Indigenous health, will remain a central issue. Other critical issues include the effects of globalisation and environmental deterioration, translation of public health research into policy and practice, food safety, and genetics. There is increasing recognition of the impact of environmental deterioration on health:⁵ global warming and pollution have both direct and indirect effects on health. Maintaining our environment will remain an important concern for public health.

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