The Future of Public Health in Australia:
Why Nurses and Midwives Will Shape What Comes Next

Public health in Australia is entering a phase where it can no longer sit quietly in policy documents or specialist units. The drivers are not abstract: rising chronic disease burden, climate instability, widening health inequities, workforce pressure, and the lasting system shock of COVID-19. Together, these forces are reshaping how health systems are expected to function—not just during crises, but every day.

The future of public health is not about adding more programs or slogans. It is about embedding prevention, equity, preparedness and population thinking into routine clinical work. This has profound implications for nurses and midwives, who sit at the intersection of individual care, systems operation, and community trust.

This article explores where public health in Australia is heading, the evolving role of nurses and midwives within that future, and practical strategies for integrating public health knowledge into everyday clinical practice—across acute care, primary care, community health, maternity services, and aged care.

Australia's National Preventive Health Strategy 2021–2030 signals a decisive shift away from prevention as an add-on and toward prevention as a system responsibility.

The strategy explicitly recognises that health outcomes are shaped more by environments, policy, and social conditions than by individual behaviour alone. This reframes public health from health promotion campaigns to questions of governance, infrastructure, and service design.

In practical terms, this means future public health success will be judged by measurable reductions in avoidable disease, inequity, and preventable hospital use—rather than by the number of initiatives delivered. The growing role of national monitoring through the AIHW reinforces this accountability focus.

Health protection as core infrastructure

The establishment of an independent **Australian Centre for Disease Control from 1 January 2026** reflects a structural lesson learned from the pandemic: fragmented surveillance and inconsistent messaging undermine public trust and slow response.

The CDC's role in preparedness, outbreak response, surveillance and trusted advice signals that health protection is now considered essential national infrastructure, not an emergency-only function.

For the clinical workforce, this means infection prevention, surveillance awareness, and outbreak readiness will increasingly be seen as core competencies rather than specialist interests.

Climate, environment, and health system resilience

Australia's **National Health and Climate Strategy** confirms that climate change is no longer a future risk—it is a current health determinant. Heat-related illness, disaster displacement, changing infectious disease patterns, food insecurity, and mental health impacts are already increasing service demand.

Public health in this context is not just about protecting populations; it is about protecting the health system itself.

Workforce safety, service continuity, and environmental sustainability are now public health concerns. This has direct implications for how care is delivered, where services are located, and how resources are used.

Data, digital systems, and population insight

Digital transformation is increasingly shaping how public health is operationalised. National data-sharing initiatives and connected digital health systems aim to enable earlier intervention, better targeting of resources, and real-time surveillance. However, data alone does not improve outcomes. Clinical interpretation, documentation quality, and professional judgement remain essential.

This positions nurses and midwives as key "data translators"—clinicians who convert population insights into safe, appropriate, person-centred care.

The evolving role of nurses and midwives in public health from health educators to prevention practitioners

Nurses and midwives have long engaged in prevention, but historically this work has been undervalued or framed as informal. The future reframes prevention as legitimate clinical work embedded in assessment, care planning, education, and follow-up.

Every encounter becomes a potential prevention point: cardiovascular risk identification, falls prevention, immunisation catch-up, medication safety, wound prevention, smoking cessation, family violence screening, or referral to social supports.

This is not about doing more tasks—it is about doing existing work with a population and risk-informed lens.

Midwifery and the life-course impact

Midwifery occupies one of the most powerful leverage points in public health. Pregnancy, birth, and early parenting shape lifelong health trajectories. The future role of midwives increasingly includes mental health identification, family safety pathways, culturally safe continuity models, and advocacy for social conditions that support healthy starts to life.

This positions midwifery as central to equity, not peripheral to it.

Nurses and midwives as trusted public communicators

In an era of misinformation, trust itself has become a public health intervention. Nurses and midwives remain among the most trusted professions in Australia. This trust carries responsibility: clear communication during outbreaks, vaccination discussions, disaster response, and emerging health threats is now recognised as essential public health work.

Climate-aware and sustainability-informed practice

Nurses and midwives will increasingly be involved in climate-responsive care—recognising heat risk, managing medication safety during extreme weather, adapting infection control practices, and contributing to environmentally sustainable care models. These responsibilities sit squarely within patient safety and quality domains, not environmental activism.

Equity as professional accountability

Public health futures emphasise that inequity is not a side issue—it is a marker of system failure. Nurses and midwives play a critical role in identifying where standard pathways consistently fail certain populations and advocating for redesign. This includes partnerships with Aboriginal and Torres Strait Islander health services and approaches grounded in self-determination and cultural safety.

Integrating public health into everyday practice: what actually works

Seeing context as clinical data

Public health integration begins with recognising that housing stability, food security, transport access, health literacy, cultural safety, and exposure to violence are not "social issues" separate from care—they are clinical risk factors. Incorporating these into assessment and documentation enables appropriate referral, safer discharge planning, and more realistic care goals.

Systems over memory

Prevention fails when it relies on individual recall in high-pressure environments. Embedding prompts into assessment tools, discharge checklists, antenatal records, and chronic disease reviews turns public health from optional to routine. This aligns directly with national prevention strategy principles.

One meaningful connection

Overwhelming patients with advice rarely changes outcomes. A practical public health approach prioritises identifying the most impactful referral or support and ensuring the connection is real and accessible. This may involve social work, community nursing, mental health services, Aboriginal Community Controlled Health Organisations, or public health programs.

Discharge as a public health intervention

Transitions of care are a critical prevention point. Poor discharge processes contribute to readmissions, complications, and avoidable harm. Public health–informed discharge planning focuses on medication understanding, follow-up access, transport, safety planning, and realistic self-management expectations.

Language shapes priorities

How clinicians talk about risk matters. Describing issues in clear clinical terms—rather than vague labels—helps teams prioritise action.

Framing inequity, environmental exposure, or social risk as safety and quality issues changes how organisations respond.

Conclusion: a quiet but decisive shift

The future of public health in Australia is not dramatic, but it is transformative. It prioritises prevention through design, coordination through national infrastructure, resilience in the face of climate and disruption, and equity as a measure of system quality.

Nurses and midwives are not peripheral to this future—they are central to it. The challenge ahead is not whether public health will shape everyday practice, but whether the workforce will be supported to recognise, name, and lead that work with confidence and authority.

References

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CPD suitability statement

This article is suitable for Continuing Professional Development (CPD) for nurses and midwives. It supports reflection on professional practice, systems thinking, equity, and evidence-informed care in alignment with NMBA standards.

Originality statement

This article is original work, developed specifically for conference library use. It synthesises contemporary Australian public health policy and evidence into a new, practice-focused discussion written for nurses and midwives. All sources have been interpreted and integrated in original language.

Reflective questions

1. How is the future of public health in Australia different from traditional approaches to prevention?

Reflection prompt: Consider the shift from individual behaviour change to system responsibility.
Answer: Future public health focuses less on education campaigns and more on embedding prevention into system design, policy, data use, and service pathways. It emphasises accountability, equity, and measurable outcomes rather than isolated programs.

2. Why is the establishment of an independent Australian CDC significant for clinical practice?

Reflection prompt: Think beyond outbreaks.
Answer: The CDC strengthens national coordination, surveillance, and trusted advice, reinforcing infection prevention and preparedness as core clinical responsibilities rather than crisis-only activities.

3. In what ways does climate change alter the scope of public health work for nurses and midwives?

Reflection prompt: Link environmental factors to patient safety.
Answer: Climate change increases heat-related illness, disaster displacement, mental health stressors, and service disruption, requiring nurses and midwives to recognise environmental risk as a clinical safety issue.

4. How does integrating public health into routine assessment improve patient outcomes?

Reflection prompt: Consider context as risk.
Answer: Including social and environmental factors in assessment enables earlier identification of risk, more appropriate referrals, safer discharge planning, and reduced preventable harm.

5. Why is trust considered a public health intervention in contemporary healthcare?

Reflection prompt: Reflect on misinformation.
Answer: Trusted communication influences health behaviours, service engagement, and compliance with public health measures. Nurses and midwives play a critical role in countering misinformation through credible, consistent advice.

6. What risks arise when public health knowledge is treated as "extra" rather than embedded?

Reflection prompt: Think about sustainability.
Answer: When public health relies on individual motivation rather than systems, it becomes inconsistent, easily dropped under pressure, and inequitable in its impact.

7. How can discharge planning function as a public health strategy?

Reflection prompt: Focus on transitions.
Answer: Effective discharge planning reduces readmissions and complications by addressing medication understanding, follow-up access, transport, safety, and self-management capacity.

8. Why is equity framed as a quality and safety issue rather than a moral one?

Reflection prompt: Link equity to outcomes.
Answer: Inequity leads to predictable patterns of harm, poor outcomes, and system inefficiency. Addressing equity improves reliability and safety across the system.

9. What does the role of "data translator" mean for nurses and midwives?

Reflection prompt: Consider digital health.
Answer: It involves interpreting population data, documenting meaningfully, and using insights to inform clinical decisions rather than passively recording information.

10. How can nurses and midwives lead public health integration without formal public health titles?

Reflection prompt: Reflect on influence.
Answer: Leadership occurs through everyday practice—how assessments are conducted, risks are named, referrals are made, and care is coordinated—shaping system behaviour from the ground up.