Health in All Policies

A Health Lens Analysis across the South Australian Government’s Seven Strategic Priorities
Contents
Introduction ................................................................................................................................. 3
Seven Strategic Priorities ........................................................................................................... 3
A Health Lens Analysis over the Seven Strategic Priority areas .................................................... 3
Background ................................................................................................................................. 3
Health in All Policies ................................................................................................................... 4
Health Lens Analysis – Process and Summary ............................................................................ 5
Engage – partnerships for mutual benefit .................................................................................. 5
Gather Evidence - describing the pathways to health and wellbeing .......................................... 6
Generate – key messages from the research ................................................................................ 7
Navigate – facilitating and supporting the inclusion of the research into the priority areas ............ 9
Leveraging common enablers ..................................................................................................... 11
Building capacity for healthy public policy .............................................................................. 11
Appendix 1: Creating a vibrant city .......................................................................................... 13
1.1 The links between creating a vibrant city and improving our health and well being .................. 13
1.2 Major themes and opportunities ......................................................................................... 13
1.3 Key messages .................................................................................................................... 14
Appendix 2: An affordable place to live ................................................................................... 15
2.1 The links between an affordable place to live and improving our health and well being .......... 15
2.2 Major themes and opportunities ......................................................................................... 16
2.3 Key communication messages ........................................................................................... 18
Additional paper: The cost of Ill Health .................................................................................. 19
Appendix 3: Every chance for every child ................................................................................. 22
3.1 The links between every chance for every child and improving our health and well being ........ 22
3.2 Major themes and opportunities ......................................................................................... 23
3.3 Key messages .................................................................................................................... 23
Appendix 4: Growing advanced manufacturing ....................................................................... 24
4.1 The links between growing advanced manufacturing and improving our health and well being ............................................................. 24
4.2 Major themes and opportunities ......................................................................................... 25
4.3 Key communication messages ........................................................................................... 26
Appendix 5: Safe Communities, Healthy Neighbourhoods .......................................................... 28
5.1 The links between safe communities, healthy neighbourhoods and improving our health and well being ........................................................................................................................ 28
5.2 Major themes and opportunities ......................................................................................... 28
5.3 Key messages .................................................................................................................... 31
Appendix 6: Realising the benefits of the mining boom for all South Australians ....................... 32
6.1 The links between realising the benefits of the mining boom for all and improving our health and well being ........................................................................................................................ 32
6.2 Major themes and opportunities ......................................................................................... 33
6.3 Key messages .................................................................................................................... 34
Appendix 7: Premium food and wine from our clean environment ............................................. 35
7.1 The links between premium food and wine from our clean environment and improving our health and well being .......................................................... 35
7.2 Major themes and opportunities ......................................................................................... 36
7.3 Key messages .................................................................................................................... 37
References .................................................................................................................................. 38
Introduction

Seven Strategic Priorities
On 6 February 2011, the South Australian Cabinet approved seven strategic priorities, and the establishment of Cabinet Task Forces to drive their coordinated implementation. The seven strategic priorities (the priorities) have been areas of significant government attention during the past few years. They provided a sharpened, short term focus that complemented and supported progress towards the longer term goals outlined in the South Australian Strategic Plan. Cabinet Task Forces led the work on each priority area, including the establishment of key targets against which progress was monitored. Multiagency Senior Officers Groups were established to support each Cabinet Task Force. The Senior Officers Groups were responsible for developing and implementing the work plan of activities operationalising the strategic agenda of each Cabinet Task Force. The priorities are interrelated and are about integrating efforts across government; when viewed together there are common strategic elements which advance whole of government responses to the determinants of health. The priorities are:

- Creating a vibrant city
- An affordable place to live
- Every chance for every child
- Growing advanced manufacturing
- Safe communities, Healthy neighbourhoods
- Realising the benefits of the mining boom for all South Australians
- Premium food and wine from our clean environment

A Health Lens Analysis over the Seven Strategic Priority areas
The Department for Health and Ageing - Health in All Policies Unit, in partnership with Department of the Premier and Cabinet undertook an analysis of each priority, using a Health Lens Analysis approach, to examine where these priorities impact and/or contribute to health and wellbeing, and how they could be strengthened to achieve improved population health as well as achieve and add value to the priority’s public policy objectives.

Evidence based discussion papers were developed for the Senior Officers Group for each area. These discussion papers describe the pathways between the priority agendas and health and wellbeing, with a particular focus on major themes and opportunities for focus. The discussion papers are included as attachments to this report.

This report summarises the process undertaken and discusses overarching and cross cutting enablers which emerged from the priorities.

Background

Why consider the health and wellbeing implications?
Health and wellbeing has enormous influence on our overall quality of life. Good health is something that we all want and expect, and many take for granted. Poor health imposes a huge cost on South Australia (SA); it reduces the quality and length of life for those affected and adds pressures to the lives of carers and families. Health and wellbeing also impacts on people’s ability to engage in education, employment and contribute to a productive community. While SA has achieved major successes in the management and prevention of acute illnesses, chronic conditions are emerging as a significant, ongoing cost to the community. There is also a significant financial burden on the health system.

The burden of chronic conditions (such as diabetes, heart disease and many cancers), coupled with an increasing ageing population, including an ageing health workforce, are driving an urgent need to contain the growing cost pressure of ill-health on the limited financial resources of the state budget.

Many chronic conditions can be prevented or at least improved, but this cannot be achieved by the health system alone. The health systems primary function is to treat people who are ill and people are often then returned to the very circumstances which contributed to their ill-health in the first place.
This is clearly unsustainable, costly and counterproductive. New approaches to improving the health and wellbeing of the population are needed. The imperative of controlling and reducing health care costs is in the interests of every agency of government whose policy can influence community and population health. Changes are required in our social, physical and economic environments, and our day to day activities, that are creating ill-health to enable healthy environments and choices for all South Australians.

The health and wellbeing of the population is determined by the social, economic and physical environment in which people work, live and play, as well as individual behaviours and characteristics. In our present government structures, sectors other than health are responsible for many policy decisions that shape these determinants, and therefore the impact these determinants have on health and wellbeing. Addressing the social determinants of health can achieve multiple public policy outcomes.

**Health in All Policies**

Health in All Policies (Diagram A) is an approach to ‘joined up government’ to address complex public policy issues. By incorporating a focus on population health into the policy development process of sectors and agencies, it allows governments to address the social determinants of health in a systematic manner. By considering health impacts across all policy domains such as agriculture, education, the environment, fiscal policies, housing and transport, the health of the overall population can be improved, and reduction in health service costs can be achieved.

Health in All Policies seeks to highlight the connections and interactions between positive health outcomes and policies within other sectors, and in so doing, identify the gains for both policy agendas. This is the crux of the **Health Lens Analysis** process.

**Diagram A – The South Australian Government HiAP Model**

Underpinning drivers for achieving Health in All Policies include:

- Partnering with government departments to achieve their policy imperatives to support the development of healthy public policy
- Jointly generating evidence based solutions with project partners
- Operating under the direction of central government
- Leveraging from existing government decision making structures
- Integrating qualitative and quantitative social science methodologies to identify solutions for complex, “wicked” policy issues
At the time the Health Lens Analysis across the seven strategic priorities was undertaken, the Health in All Policies initiative operated under a Memorandum of Understanding between the Department of the Premier and Cabinet and the Department for Health and Ageing. The Memorandum of Understanding set out the governance and joint structures to facilitate the effective implementation of Health in All Policies across the South Australian Strategic Plan. With the disbandment of the Executive Committee of Cabinet - Chief Executives Group (who had original oversight for Health in All Policies), the Department of the Premier and Cabinet advised that Health in All Policies matters which related directly to the priorities would be reported through the relevant Cabinet Task Force and Senior Officers Group. Items falling outside the priorities would be considered by the Senior Management Council. The Department for Health and Ageing and the Department of the Premier and Cabinet work closely together to develop the Health in All Policies work program.

Health Lens Analysis – Process and Summary

The Health Lens Analysis across the priorities built on the *Health Lens Analysis over the South Australian Strategic Plan* undertaken in 2007. The Department of the Premier and Cabinet initially invited the Health in All Policies Unit to undertake a Health Lens Analysis across the new 2011 South Australian Strategic Plan, updating the 2007 version. Following the release of the priorities, it was decided that casting a Health Lens Analysis over the priorities would be of greatest benefit to the government in the short term.

The purpose of this process was to inform the Cabinet Task Forces and Senior Officers Groups about the key health and wellbeing considerations for each priority area and identify where health and wellbeing could add value to the short and medium term priority actions of each Task Force, recognising that maximising population health also supports the sustainability of initiatives over the longer term. Where possible, the Health Lens Analysis across the priorities also aimed to:

- contribute to identifying opportunities for joined up government and cross-agency initiatives within and across the priorities
- where appropriate, highlight the alignment between existing Health in All Policies work and the priorities, strengthening connections
- identify small number of new policy priorities for Health in All Policies action during 2013-14

Engage – partnerships for mutual benefit

In May 2012, members of the Health in All Policies team met with the Joint Cabinet Task Force/Senior Officers Executive Officers Group to discuss the Health Lens Analysis across the priorities. It was agreed that a suitable process of engagement would be identified for each Priority area. Given both timeframes, and available resources of the Health in All Policies unit, it was agreed the Health Lens Analysis process would provide an overview analysis, with the likely outcome to be a brief evidence based discussion document for each priority area. A briefing was provided to the Chief Executive of Department for Health and Ageing, seeking formal approval regarding the proposed approach and process.

The link between health and wellbeing and the priorities was discussed with the Executive Officers of each priority area and discussion papers were drafted following these conversations. Ongoing discussion and dialogue with the Executive Offices, and the Senior Officers Groups enabled further development and refinement, resulting in a health lens analysis discussion paper designed to specifically contribute to the objectives of each priority area. The agreed foci for the Health Lens Analysis for each area were:

- **Creating a vibrant city** – identifying strategies that contribute to a sense of ‘belonging’ to an inner city community, enabling vibrancy as well as positive outcomes for health and wellbeing.
- **An affordable place to live** – examining the links between income and health and wellbeing, focussing on the priorities themes of affordable housing, concessions and life changing events.
- **Every chance for every child** – reaffirming the links between early childhood development and health outcomes, as well as understanding the important role of effective engagement between families, and their support systems, including government particularly families from more vulnerable populations such as low socio-economic populations and Aboriginal families.
• **Growing advanced manufacturing** - Exploring how manufacturing in the healthcare sector presents an emerging opportunity for continued economic growth and the role health can play in supporting manufacturing in the state.

• **Safe communities, Healthy neighbourhoods** – exploring the links between safety, in particular perceptions of safety, and health and wellbeing outcomes, including mental health.

• **Realising the benefits of the mining boom for all South Australians** - identifying prevention and intervention strategies that support mining companies, communities, and government to attract and retain a productive and healthy “Fly In, Fly Out” workforce.

• **Premium food and wine from our clean environment** - exploring issues of food access and affordability and health and wellbeing in relation to the perception of “premium” being associated with higher cost.

**Gather Evidence - describing the pathways to health and wellbeing**

The Health in All Policies unit conducted rapid literature reviews for each area to identify evidenced based ‘pathways’ between the priority area’s objectives and improved health and wellbeing outcomes. Often these pathways revealed policy opportunities in those areas not traditionally linked to health and wellbeing, such as mining and manufacturing and creating a vibrant city.

The pathway started with a key theme or issue in the priority area and followed the evidence through connecting key strategies to improved outcomes for health and wellbeing. In some instances, the pathway to health and wellbeing was very direct and obvious and issues were embraced quickly, leading to the shaping of targets, key messages and “killer facts”. Pathway diagrams (see example below) were created to visually illustrate the connections, drawing out key elements of the research. The pathway diagrams were particularly helpful where the connections were less direct and therefore not as easily recognised and understood. More detail, and the pathways for the other six priority areas, is provided in the attachments.

**The pathway between creating a vibrant city and improved health and wellbeing**

A vibrant inner city can encourage its citizens to be better socially connected, engaged, inclusive and more interactive. It is through these social connections that we share information, resources and learn new skills; we build networks and informal support systems. This makes communities more dynamic, vibrant and more resilient.

In creating a sense of ‘belonging’ to a city; a city to be proud of, we also impact positively on our health and wellbeing.

The key message derived from this pathway is: **Cities need people actively engaging in the areas within which they work, live and play. Actively creating an inner city community that promotes a ‘sense of belonging’; a city to be proud of, can make communities more dynamic, vibrant and more resilient and impact positively on our health and wellbeing.**
Generate – key messages from the research

The Health Lens Analysis across the priorities drew on international and national evidence to articulate the links between the priorities and health and wellbeing and to identify opportunities and strategies that could enhance both. A summary of the evidence and key findings for health and wellbeing are summarised in the table below.

Table One – Key findings for health and wellbeing across the priorities
(Note: all references are provided in the relevant discussion paper in the Attachments)

<table>
<thead>
<tr>
<th>Strategic Priority Area</th>
<th>The key findings for health and wellbeing</th>
</tr>
</thead>
</table>
| Creating a vibrant city | • The link between creating a vibrant city and the health and wellbeing of the people who live, work and visit the city is strong. Cities need people if they are able to be vibrant, stimulating and culturally rich. Evidence shows that people are more likely to live, work and visit places that are positive, personal and that offer opportunities for positive experiences.  
• Research shows that social connection is crucial to wellbeing. The way we build and organise our cities can help or hinder social connection, at worst we can inadvertently ‘build in’ isolation with long term effects on our quality of life and physical and mental health; as people we need to interact with and feel connected to one another.  
• Activating multifunctional public open spaces such as laneways, city squares, gardens and streetscapes together with cleverly designed medium density housing encourages and invites people to connect; to live, gather, eat, work, relax and play which not only contributes to our health but also promotes a vibrant, healthy city as one of our key economic assets.  
• The crucial factor in determining whether our cities are good places to live, is neither the number of residents nor the height of skyscrapers. Most important is whether or not the city helps us to connect with other people or leaves us feeling lonely, and that depends in large part on what happens inside and in between the buildings in which we live and work.  
• Loneliness is a risk to our health and wellbeing. Just like smoking and obesity, it is associated with lower life expectancy and is directly associated with alcoholism, depression, elevated blood pressure and higher levels of psychological distress.  
• The makeup of people living in the Adelaide city is very different to people living in the suburbs, in fact 35% of people living in our city live by themselves, 23% live with other unrelated adults, and 18% were an older couple without dependent children. |
| An affordable place to live | • Good health is a major resource for social, economic and personal development and an important dimension of quality of life.  
• Having insufficient money to lead a healthy life is a highly significant cause of poor health outcomes. Employment and working conditions have powerful effects on health and wellbeing. When these are good, they can provide financial security, social status, personal development, social relations and self-esteem, and protection from physical and mental illness.  
• Affordable, liveable communities create opportunities to connect people and provide a source of resilience, a buffer against risks of poor health, through social support which is critical to physical and mental well-being, and through the networks that help people find work, or get through economic and other material difficulties.  
• It is well known that health influences the participation of individuals in the labour force. Rates of unemployment and not being in the labour force are very high for both males and females in low socio-economic groups, especially when they have problems with their health.  
• Those who are most socio-economically disadvantaged are twice as likely to have a long-term health condition as those who are the least disadvantaged. Put another way, the poorest are twice as likely to suffer chronic illness and will die on average three years earlier than the most affluent. |
| Every chance for every child | • The quality of parenting and care children receive and quality of the home environment impact significantly on children’s development, and their health, wellbeing and life outcomes.  
  
• Positive and nourishing early experiences help children to make the most of the potential that they are born with.  
  
• A ‘whole of community approach’ to supporting families is essential, recognising the important role of extended family and friends, as well as professionals and volunteers, systems and services.  
  
• The effective engagement between parents and professionals within supportive systems is critical to the success of the systems in achieving their outcomes, and to families and children receiving appropriate support. |
| --- | --- |
| Growing advanced manufacturing | • The interaction between the economy and health can be seen as two-way. The health sector is an intervention mechanism that shapes the economy, but it is also shaped by the economy.  
  
• Policies and programs that support the development of knowledge, skills, competencies and capabilities that can be effectively transferred across industry sectors are likely to contribute to the future robustness of South Australian manufacturing.  
  
• As one of the largest service industries, the health sector plays an important role in manufacturing and hence for economic development; the health system can support growing advanced manufacturing in the state.  
  
• The health sector presents an opportunity for growing advanced manufacturing. Given the increasing costs of lifestyle diseases to the economy and the ageing population there is potential for the manufacturing sector to seize opportunities within the health system to support health promotion and the prevention of illness as well as assisting those with chronic conditions through innovative product development.  
  
• A collaborative approach is required to grow advanced manufacturing within the state. The development of a health cluster could support such an approach which would drive innovation and enhanced outcomes for economic development and positive health and wellbeing for South Australian communities.  
  
• Local preferential procurement purchases within the health sector can stimulate increased business investment in South Australia. |
| Safe communities, healthy neighbourhoods | • Residents with larger social networks, higher levels of social support, and higher levels of social cohesion in their neighbourhood are more likely to perceive their neighbourhood as safer compared to their counterparts.  
  
• Feeling safe and being safe was the number one priority identified by South Australians in the survey accompanying the review of South Australia’s Strategic Plan.  
  
• Australian Bureau of Statistics data finds that more South Australians feel unsafe in their homes and report a higher perception of personal crimes occurring in their neighbourhoods when compared to most other states. However, despite having the highest crime reporting rate, statistics on victimisation of assault and sexual assault show levels within South Australia that are generally lower than those for the rest of Australia.  
  
• A sustainable society requires cooperation and trust at basic levels. Feeling safe and secure at home, work and in the community is an essential prerequisite for sustaining a high quality of life. Perceived neighbourhood safety is important not only to our physical and psychological health, but also to the success of local businesses and the vitality of our communities. |
| Realising the mining boom for all South Australians | • The Fly In, Fly Out workforce is a necessary requirement for South Australia to realise the potential of the mining boom, due to the demand for skilled workers and remoteness of mining operations. Having a balance between Fly In, Fly Out and resident workforce is necessary to optimise the productivity and sustainability of mining operations.  
  
• Strategies to manage the challenges and optimise the benefits of the Fly In, Fly Out are necessary and may include multi-disciplinary, multi-level responses from government,
mining companies, regional communities and workers.

- The mining expansion also represents a significant opportunity for regional communities to capitalise on the demand for skilled employment and supporting infrastructure. Regional communities which are successful in leveraging off and managing these opportunities are more likely to be resilient, healthy and attractive places to live and work.

**Premium food and wine from our clean environment**

- Both concepts of ‘premium’ are important for this priority area. Being able to sell, and particularly export, food at a premium price is critical for our economy, and a thriving economy has considerable social, health and wellbeing benefits. It is also critical for our state that our community has access to high quality, premium and nutritious food at an affordable price.

- Empirical research has found that expanding local food systems in a community can increase employment and income in that community.

- “We can pay the farmer, or we can pay the hospital”

- Unhealthy weight, poor diet and physical inactivity will drive both the greatest relative projected increases in expenditure on preventable chronic disease (diabetes and musculoskeletal conditions) and the greatest absolute increase (cardiovascular disease) and without intervention, international studies suggest one-fifth of national health-care expenditures could be devoted to treating the consequences of obesity by 2020.

- Most South Australians want to eat more fruit and vegetables and know that they are ‘good for you’. The fact is that eating more fruit and vegetables may be the single most important dietary change needed to improve health and reduce the risk of disease.

- People have become more interested in food production and provenance. The public sector, including local government, can nurture this by supporting farmers’ markets and food fairs, retaining allotments (making best use of unused land) and encouraging social enterprises that work with communities on food issues.

- There is a steady decline of South Australians in the healthy weight range. The most recent SA Health data shows that nearly 60% of South Australian adults and nearly 25% of children are overweight or obese.

- People with lower socio-economic status experience higher rates of diet-related illness including low birth weight babies, childhood and infant anaemia, lowered immunity, dental caries, obesity, blood pressure, Type 2 diabetes, heart disease and stroke.

**Navigate – facilitating and supporting the inclusion of the research into the priority areas**

Each discussion paper was provided back to the relevant Senior Officers Group. In a number of cases, staff from the Health in All Policies unit were invited to present the papers to the Senior Officers Group, providing the opportunity for discussion around the findings. Some Senior Officers Groups sought further input from the Health in All Policies unit to progress work supporting the priority area’s agenda and the achievement of improved health and wellbeing outcomes, for example:

**Premium Food and Wine from our Clean Environment**

- HiAP and the SOG jointly developed a health and wellbeing milestone for inclusion in the priority - Improve the health of the South Australian community by increasing fruit and vegetable consumption by 10% by 2014 (an average increase of 0.4 serves per day from 2011) as well as supporting other milestones that would either contribute to existing health programs such as the South Australian Eat Well Be Active Strategy 2012-1016 and the Obesity Prevention and Lifestyle program (OPAL) and/or impact on population health outcomes such as:
  - Support the development of South Australian Farmers Markets through the introduction of a Farmers Market Accreditation scheme
Increase the availability of South Australian food to local consumers in 2013 (increase shelf space by 5%).

**An Affordable Place to Live**

- HiAP staff were requested to develop an additional discussion paper *The cost of ill health*, to assist the SOG to understand the key impacts ill health and health care costs have on the cost of living. The paper described the current research which demonstrates that the cost of illness, including health care costs, disproportionately impact on those who are on lower incomes, and/or experiencing other disadvantage. The research consistently shows that the poor are more likely to suffer ill health. In addition, suffering ill health, particularly ongoing health issues such as chronic disease or disability, increases the likelihood of individuals and households descending into poverty (Attachment 2 Additional Paper).

- This involvement led to the SOG inviting HiAP to attend SOG meetings in an advisory capacity, which was later formalised as Health representation on the SOG, to ensure a greater focus on the health and wellbeing of the population in the priorities’ strategies including:
  - Contributing to the establishment of the Affordable Living web portal where the importance of the broader social determinants health and wellbeing issues and services were identified and included;
  - Contribution to the development of the South Australia An Affordable Place to Live Statement, ‘Keeping SA Affordable’, outlining the relevant current and future government support for South Australians to be able to better manage essential cost of living pressures.

**Every Chance for Every Child**

- Assisting with the coordination of work and facilitation of partnerships to address specific elements of the *Every Chance for Every Child* priority. Suites of work were identified to further build awareness and capacity of service providers, the public sector more broadly, and of families around the importance of their role in early childhood development. Health in All Policies staff provided a support role to the coordination and collaboration of three key areas:
  - Progressing the implementation of the Public Sector Awareness Strategy – Three agencies whose core business impacted on children, but for whom children were not a key target group, were identified as part of the *Raising Public Sector Awareness* strategy. In partnership with DECD and DCSI, HiAP facilitated a workshop and meetings to explore how the core business of the focus agencies intersected with children aged 0-5, and identify opportunities to strengthen consideration of children in existing and new initiatives, for example the Department of Correctional Services and prisons. Staff then worked with the agencies to develop strategies to implement changes.
  - *Information for Parents* project – sought public input on how the government can ensure that the information provided to families by government about parenting is easily accessible and relevant. As a member of the steering group, Health in All Policies staff provided advice regarding the social determinants of health, as well as research expertise to the project.
  - *Enhancing Engagement between Service Providers and Vulnerable Families* project – aimed to improve engagement between vulnerable hard to reach families and early childhood service providers. A subgroup of the Every Chance for Every Child Senior Officers Group included representation from the Health in All Policies unit to develop strategies to build the capacity of service providers to more effectively engage with families.

**Safe Communities, Healthy Neighbourhoods.**

HiAP sought to identify opportunities for leveraging off the priorities process. A budget bid for initiatives to increase driver licensing and retention rates among Aboriginal South Australians was developed as part of the *HiAP Aboriginal Road Safety Health Lens project*, under the *Safe Communities Healthy Neighbourhoods* priority, which included Aboriginal Road Safety as a milestone. The budget bid was unsuccessful in this process. A 90 Day Project *Creating Opportunities for Remote Communities*, was then established which included and addressed elements of the budget bid, and the *HiAP Aboriginal Road Safety Health Lens project*. 

10
Leveraging common enablers
As well as undertaking work on individual priority areas, the Health Lens Analysis process identified critical enabling factors that cut across all or many of the priorities, highlighting opportunities for the actions of priority areas to leverage off each other.

- **Supportive social networks, connected communities and belonging** - Strategies that enable and facilitate supportive social networks and a sense of belonging to community support the achievement of all priority areas. For example, community connectedness both enables, and is enabled by, safe communities leading to healthy neighbourhoods; supportive social networks and connected communities are major factors in creating a sense of vibrancy in inner city communities; a focus on community connectedness for sustainable regional development ensures towns impacted by the mining boom remain resilient, and to support the workforce required, particularly “Fly-In, Fly-Out” workers.

- **Affordability** - Affordability as a concept resonates across many of the priority areas, from affordable food, education and training, to activities that create vibrant places. Ensuring that services and products developed through a number of the strategic priorities are affordable will be important to ensure the health and wellbeing of the most vulnerable in South Australian communities.

- **The built environment - designing for health and wellbeing** - The value and importance of place and public spaces to supporting wellbeing, vibrancy, and community connectedness is well known. Strategies that actively and deliberately design the built environment for the co-benefits of improved health and wellbeing and other policy areas such as enhancing local employment opportunities in for example, regional mining towns, bring compounding benefits. Coordinated and strategic planning processes support many of the priorities.

- **Co-designing with community** – A role of government is to create, coordinate and implement policy, systems and services. Where citizens and community are able to contribute to shaping the way relevant government services and policies are developed and delivered, the intended outcomes are much more likely to be achieved. The health lens analysis process highlighted the need for a continued focus on infrastructure which supported the co-design process. For example, supporting parents to engage with government services was seen as crucial for enabling the Every Chance for Every Child agenda, but parents need to find these services accessible and approachable for this to be achieved. This concept applies to many of the priority areas, i.e. creating a vibrant city and an affordable place to live.

These common themes are mediating factors for people to actively participate and contribute in their communities; and therefore mediating factors for people to improve individual and population health and wellbeing. The consideration of these common themes in proposed initiatives and programs in each priority area also, by default, considers health and wellbeing impact and ultimately, the economic impact for the state.

**Building capacity for healthy public policy**
While there is a growing recognition that policy from all sectors of government impacts on population health and wellbeing, understanding and acting on the mechanisms of these relationships, creating healthy public policy, is challenging.

The Health lens across the seven strategic priorities process highlighted the need for a continued focus on the determinants of health, resulting in the co-benefits of both economic prosperity and health and wellbeing.
outcomes, and enabled more considered attention on those most vulnerable in our communities in all seven priority areas.

The imperative of controlling and reducing health care costs is in the interests of every agency of government where policy can influence community and population health. Incorporating a focus on health and wellbeing through the Health in All Policies approach into the policy development process of all sectors and agencies of the priority areas agenda, has allowed the South Australian Government to further consider the key determinants of health and wellbeing in a systematic manner. It ensures that the benefits of improved population health are taken into account within the priorities of all sectors and at the same time, it enables sectors to work collaboratively and towards the same goals, breaking down the boundaries agencies traditionally face when attempting to work across different policy areas.

Appendix 1: Creating a vibrant city

The South Australian Government’s vision for this priority area is that Adelaide is one of the great small cities of the world. It showcases the best of South Australia to the nation and the world and thrives as a cultural, economic and social centre.

This discussion paper sought to explore the relationship between creating a vibrant city and the health and wellbeing of the population.

Diagram 1 – the pathway between creating a vibrant city and improved health and wellbeing

1.1 The links between creating a vibrant city and improving our health and well being

The link between creating a vibrant city and the health and wellbeing of the people who live, work and visit the city is strong. A vibrant inner city identity can promote socially connected, inclusive and interactive lives and it is through these social connections that we share information, resources and learn new skills; we build networks and informal support systems.¹ This makes communities more dynamic, vibrant and more resilient. By creating a ‘sense of belonging’ to a city; a city to be proud of, we also impact positively on our health and wellbeing.

A city community identity, belonging, networks, cohesion, and a sense of inclusiveness play a significant role in the health, well-being, and mental health outcomes of our population and especially vulnerable populations. Beyond social support (itself a major positive factor) the sense of community provides a buffer against physical and psychological challenges to our health and wellbeing. ‘Belonging to a defined community allows people a freedom to express their identity and roots, their emotions and shared history within a safe context. They are able hold valued positions within a community, and relate positively to others who have similar histories and experiences’.²

1.2 Major themes and opportunities

- Building an inner city social and cultural infrastructure – a sense of belonging

An important element of feeling connected is whether residents have a ‘sense of belonging’ to where they live. Cities can and do help set the signals for engagement and interaction. Compact, higher density, well-connected neighbourhoods that increase walking, cycling and public transport use can contribute to creating a social infrastructure. Affordable housing should also be well integrated and dispersed throughout the city so that residents are included in and feel part of, the local community³. Participation in social interactions makes an essential contribution to personal well-being. The city that provides occasions and places for such good experiences to occur can contribute to wellbeing.³

‘Knowing neighbours, feeling safe on the streets and living in an area with a distinctive character can help to create this sense of belonging, so can having spaces and activities in the city that encourage us to mix, both with those from our own networks, or of similar age groups and backgrounds and with people who are very different’.⁵

---

¹ Franklin, A; Tranter, B: AHURI Essay Housing, Loneliness and Health: AHURI Final Report No 164
² Pretty, G; Bishop, B; Fisher, A; Sonn, C: Psychological sense of community and its relevance to wellbeing and everyday life in Australia. The Australian Psychological Society, September 2006
⁴ Kelly, J; Breadon, P; Davis, C; Hunter, A; Mares, P; Mullerworth, D; Weidmann, B., 2012, Social Cities, Grattan Institute, Melbourne
⁵ Kelly, J: 2010, The cities we need, Grattan Institute, Melbourne
Creating an inner city community identity – a place to be proud to live and visit

People who are well connected, included and have a sense of belonging not only experience better health, they also possess community knowledge – they can specifically express what is unique about living in and visiting the city; about the character of the city expressed in its architecture and arrangement of streets and open places as well as specific events and activities. Healthy, vibrant people can become a vibrant city’s best advocate and, in turn, a city can advocate for health and wellbeing.

Access to nature – which is good for health and wellbeing anywhere

Expand on our exciting street frontages that offer alcoves to sit in, green space to enjoy, artwork to admire or interesting window displays, then people are more likely to linger and sit and perhaps strike up a conversation. Create community gardens within and wrapped around our streets and buildings such as community kitchen garden ‘pods’ throughout the city, on rooftops and in laneways. Designing a walkable city - streets that are pleasant for walking encourage us to get out and about, lined with native greenery - increasing the chance of a chat on the pavement. Walking is not only good for our physical health but also for our mental health: it helps us feel a sense of safety and belonging in our local area.

Single person accommodation, such as city apartment living, have restrictions in rental agreements and bodies corporate to keeping a pet, with most opting for a ‘no pets’ clause. Research shows that pet ownership can substantially reduce loneliness levels, especially amongst single people and the elderly. Creating space, such as a city dog park, that encourages connections, social interactions and physical activity through pet ownership.6

Key messages

- The link between creating a vibrant city and the health and wellbeing of the people who live, work and visit the city is strong. Cities need people if they are able to be vibrant, stimulating and culturally rich. Evidence shows that people are more likely to live, work and visit places that are positive, personal and provides interactive experiences.
- Research shows that social connection is crucial to wellbeing.7 The way we build and organise our cities can help or hinder social connection, at worst we can inadvertently ‘build in’ isolation with long term effects on our quality of life and physical and mental health; as people we need to interact with and feel connected to one another.8
- Activating multifunctional public open spaces such as laneways, city squares, gardens and streetscapes together with cleverly designed medium density housing encourages and invites people to connect; to live, gather, eat, work, relax and play which not only contributes to our health but also promotes a vibrant, healthy city as one of our key economic assets.
- The crucial factor in whether our cities are good places to live is neither the number of residents nor the height of skyscrapers. Most important is whether or not the city helps us to connect with other people or leaves us feeling lonely, and that depends in large part on what happens inside and in between the buildings in which we live and work.9
- Loneliness is a risk to our health and wellbeing. Just like smoking and obesity, it is associated with lower life expectancy and is directly associated with alcoholism, depression, elevated blood pressure and higher levels of psychological distress.10
- The makeup of people living in the Adelaide city is very different to people living in the suburbs, in fact11:
  - 35% of people living in our city live by themselves
  - 23% live with other unrelated adults, and
  - 18% were an older couple without dependent children

---
6 Franklin, A; Tranter, B: AHURI Essay Housing, Loneliness and Health: AHURI Final Report No 164
7 Kelly, J; Breadon, P; Davis, C; Hunter, A; Mares, P; Mullerworth, D; Weidmann, B., 2012, Social Cities, Grattan Institute, Melbourne
8 Kelly, J: 2010, The cities we need, Grattan Institute, Melbourne
9 Franklin, A; Tranter, B: AHURI Essay Housing, Loneliness and Health: AHURI Final Report No 164
10 ABS: Cat. No. 2001.0 - 2006 Community Profile Series
Appendix 2: An affordable place to live

The South Australian Government’s vision for this priority area is that South Australia is the most liveable place in the nation where people enjoy a high quality of life, regardless of income. Families are confident their children will be able to buy a home and rent is affordable. People move to South Australia because of our affordability and quality of life.

This discussion paper sought to explore the relationship between affordable living and the health and wellbeing of the population.

Diagram 2 – the pathway between an affordable place to live and improved health and wellbeing

2.1 The links between an affordable place to live and improving our health and well being

The World Health Organisation identifies the fundamental conditions and resources for healthy living as being peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, access to health services and equity.12

Living is considered affordable when there is access to these fundamental conditions for all, at a reasonable cost, and when there is confidence in the future. If, on the other hand, the cost of living is too high, then many of the basic conditions for human existence such as healthy food, secure housing (including utilities), education, health care and transport could be beyond the reach of many, or the price paid to live now may compromise the ability to contribute to future livelihood.

There is an intrinsic link between health and wellbeing and affordable living. Where living is considered more affordable, where people from all backgrounds have access to the resources to meet the costs of accessing these fundamental conditions, health and wellbeing will prosper13. Those who are vulnerable, who have challenges affording the fundamental conditions, are likely to not only have worse housing, educational and employment outcomes, but because of the interconnected nature of these conditions, will have poorer health outcomes, exacerbating the other vulnerabilities.

- Individuals struggling financially to make ends meet can be forced to make decisions that adversely affect them and that they would not make had they not been in financial stress. This includes various forms of deprivation, such as going without meals, not using heating, children missing out on school activities and enforced household mobility. This also impacts on people’s ability to meet direct costs of health care14.
- There is a significant body of research demonstrating the stress, including financial stress, is directly related to poorer physical health and illness in individuals15, and poorer mental health16.
- Individuals and families who do not have access to regular and reliable housing often experience higher rates of physical and mental ill health, as well as increased levels of crime17.

• Social relationships and affiliations have powerful effects on physical and mental health\textsuperscript{18}. A sense of community can be helpful in supporting resilience, particularly following an acute life event\textsuperscript{19}. Connecting to community is much more difficult when financial circumstances reduce opportunities for involvement in recreational and social activities, and forced mobility means ties are frequently broken.

• Poor health and wellbeing directly impacts on people’s employment and educational options and outcomes, thereby restricting their opportunities to ‘get ahead’.

○ Affordable living in Australia

While there has been much discussion in the media about the cost of living ‘outstripping incomes’, the recently released NATSEM report \textit{Prices These Days - The Cost of Living in Australia} demonstrated that for the majority of the population, this is not strictly the case. The research showed that Australians’ incomes have significantly outpaced prices since 1984, with disposable incomes rising on average 20% ahead of inflation over the period. The report also showed that the gains were spread across all income groups, although the highest income groups had benefited more in the last decade compared to previous decades.\textsuperscript{20}

These benefits are not equally shared across society, with those in the bottom quintile of incomes spending a much greater proportion of their income on essentials (those items that no-one in Australia should be without). Research indicates that financial stress has become more common, more acute and more complex for certain groups in society\textsuperscript{21}, reducing their ability to fund basic and relative essentials, not just discretionary items\textsuperscript{22}.

Strategies to support affordable living that address social and community finance infrastructure, in alignment with employment and economic agendas, are thereby supporting the health and wellbeing of the South Australian population. These strategies need to support those currently in financial stress, preventing further decline and setting positive future directions, as well as preventing more individuals and families from moving into financial stress. Strategies are required that impact at the individual/family, the community and the system level, and take a coordinated approach to support.

As well as a focus on broader employment, education and training initiatives, the literature\textsuperscript{23} demonstrates the following benefits as strategies for supporting affordable living and addressing financial stress:

• increasing access to affordable housing;
• increasing financial literacy and confidence;
• access to integrated community services to address financial stress; and
• strengthening community connectivity and support networks

2.2 Major themes and opportunities

○ Affordable Housing

\textit{Housing affordability relates to people’s ability to pay for their housing. It is complex issue, impacted by the local housing and labour markets as well as larger economic, environmental and social forces. When people struggle to meet the cost of housing, it is described as housing stress.}

- Access to affordable, secure and safe housing is fundamental to health and wellbeing, employment, education and other life opportunities.

- Affordable and well-designed housing in communities can improve social inclusion by offering a safer living environment, providing proximity to transport and employment opportunities, linking households with social services, offering access to better schools, and connecting families to a broader range of people and institutions.

- Affordable housing within close proximity to public transport improves long-term affordability since less dependence is placed on private car use. This often means that individuals or families are able to remain

\textsuperscript{18} SA Government (2011) \textit{Transit-oriented Developments…through a health lens – A Guide for Healthy Urban Development}

\textsuperscript{19} Pretty, G et al (2006); Psychological sense of community and its relevance to wellbeing and everyday life in Australia. The Australian Psychological Society, September 2006

\textsuperscript{20} NATSEM (2012) \textit{Prices These Days - The Cost of Living in Australia Report 31}


\textsuperscript{22} NATSEM (2012) \textit{Prices These Days - The Cost of Living in Australia Report 31}

longer and therefore become more engaged with their community, which can result in improved psychological and social wellbeing.

- A variety of affordable housing programs are needed to ensure the availability of affordable housing which meets the needs of the low to middle income earners. This requires the availability of a diverse range of housing types to suit everyone from single people to large families. It is important that affordable housing is of high quality, in terms of both building materials and design, and should minimise ongoing maintenance costs to the residents.

- Affordable housing should also be well integrated and dispersed throughout communities so that residents are included in and feel part of, the local community.24

○ Life Changing Events

A life changing event is one that impacts in a sustained manner on the affordability of living. This may occur through the sudden reduction in income or sudden impact on the resources of an individual or family.

- Everyone needs ‘social protection’ throughout their lives, as young children, in working life, and in old age. People also need protection in case of life changing events, such as illness, disability, and loss of income or work.

- There are significant connection between life changing events and health and wellbeing. Many life changes events directly result from health issues. Injury and illness – both short term and chronic – of individuals and family members often impact significantly on opportunities to generate income and the level of expenditure. However, life changing events often impact on physical and mental health, and therefore the longer term outcomes of the situation.

- Life changing events effect people from all socioeconomic backgrounds, but the impact on resources is likely to be more significant for low income families.

- Few people in Australia are prepared for a major downturn in their financial situation. A multifaceted, whole-of-community approach is required to provide realistic, timely and effective solutions to the issue of financial stress. Broad areas of activity that may have an impact on families experiencing a life changing event could address the following:

  - Financial literacy
    Recent research emphasises the importance of increasing financial literacy, supporting incentive and saving programs, and providing information about money management.25 These could be included in a range of community settings, possibly with support from financial and other private industries. Taking both a crisis management and a life course approach to financial literacy is highlighted as critical. Taking a life course approach to financial literacy with a particular focus on the key life transition points – leaving home, moving to tertiary study, first job, buying a home, dealing with a major life event - means that people have the opportunity to learn in an ongoing way, rather than up-skilling as a result of catastrophic life changing events.

  - An asset-building poverty reduction strategy
    Microfinance schemes have been run overseas with considerable success. There have been some small trials in Australia, including one in South Australia commencing in 2006 with SA Housing Trust tenants. The preliminary findings were positive.26

  - Addressing the community stigma associated with seeking financial counselling
    According to the Wesley Mission report 2010 many people fail to seek financial counselling as they fear being judged. One strategy could be a communications program that seeks to address this stigma, and support people to seek assistance early.

---

26 Department of Health (2006) SACOSS Microfinance Development Project Towards a Fairer Society Community Case Studies Vol 2
2.3 **Key communication messages**

- Good health is a major resource for social, economic and personal development and an important dimension of quality of life.

- Having insufficient money to lead a healthy life is a highly significant cause of poor health outcomes. Employment and working conditions have powerful effects on health and wellbeing. When these are good, they can provide financial security, social status, personal development, social relations and self-esteem, and protection from physical and mental illness.

- Affordable, liveable communities create opportunities to *connect* people and provide a source of resilience, a buffer against risks of poor health, through social support which is critical to physical and mental well-being, and through the networks that help people find work, or get through economic and other material difficulties.

- It is well known that health influences the participation of individuals in the labour force. Rates of unemployment and not being in the labour force are very high for both males and females in low socio-economic groups and especially when they have problems with their health.

- Those who are most socio-economically disadvantaged are twice as likely to have a long-term health condition than those who are the least disadvantaged. Put another way, the most poor are twice as likely to suffer chronic illness and will die on average three years earlier than the most affluent.\(^2^7\)

---

\(^2^7\) CHA-NATSEM Second Report on Health Inequalities, prepared by Laurie Brown, Linc Thurecht and Binod Nepal. Catholic Health Australia MAY 2012
Additional paper: The cost of Ill Health

There is an intrinsic link between health and wellbeing and affordable living. Where living is considered more affordable, and people from all backgrounds have access to the resources to meet the costs of accessing these fundamental conditions, health and wellbeing will prosper. Those who are vulnerable, who have challenges affording the fundamental conditions, are likely to not only have worse housing, educational and employment outcomes, but because of the interconnected nature of these conditions, will have poorer health outcomes, exacerbating the other vulnerabilities.

Individuals struggling financially to make ends meet can be forced to make decisions that adversely affect their lives and that they would not make had they not been in financial stress. This includes various forms of deprivation, such as going without meals, not using heating, children missing out on school activities and enforced household mobility. This also impacts on people’s ability to meet direct costs of health care.

- There is a significant body of research demonstrating the stress, including financial stress, is directly related to poorer physical health and illness in individuals, and poorer mental health.
- Individuals and families who do not have access to regular and reliable housing often experience higher rates of physical and mental ill health, as well as increased levels of crime.
- Social relationships and affiliations have powerful effects on physical and mental health. A sense of community can be helpful in supporting resilience, particularly following an acute life event. Connecting to community is much more difficult when financial circumstances reduce opportunities for involvement in recreational and social activities, and forced mobility means ties are frequently broken.
- Poor health and wellbeing directly impacts on people’s employment and educational options and outcomes, thereby restricting their opportunities to ‘get ahead’.

The cost of illness, including health care costs disproportionately impact on those on low incomes, and the research consistently shows that the poor are more likely to suffer ill health. In addition, suffering ill health, particularly ongoing health issues such as chronic disease or disability, increases the likelihood of individuals and households descending into poverty.

This paper draws on relevant research to describe some key impacts of ill health and health care costs on the cost of living.

Direct health care costs in Australia

Health care costs play a significant role in the cost of living, particularly for people from low income backgrounds, and those living with chronic diseases or serious ill health. According to the NATSEM Report, and the SACOSS Cost of Living Update health costs have experienced strong price inflation between 1984 and 2011, over and above the generic CPI increases for the same period.

In 2009-10 health care costs accounted for 8.9% of expenditure for South Australians whose primary form of income was the aged pension, with households in the lowest income bracket spending around 7.1% on medical and health costs. The SA average at the time was 5.7%.

Averaging the expenditure can hide the full impact of costs as many households can spend nothing or very little on health care, while others with chronic disease or disability can spend large portions of their income, on an ongoing basis.

35 NATSEM (2012) Prices These Days - The Cost of Living in Australia Report
36 SACOSS Cost of Living Update No. 9, February 2012
37 ABS 2011c Table 3
According to evidence, ‘chronic illness and disability are associated with serious levels of economic hardship, and such hardship affects health behaviour – thereby completing a cycle in which poor health leads to poverty, which then leads to poor health’  

For many, the economic consequences aren’t just the result of direct health service costs, rather the costs of self-management, including transport, housing modifications, paid care plus loss of income have an even more significant impact on living. In addition, utility costs can be a medically significant issue for particular patient populations.

**Ill health and employment**

Health issues can often limit the amount of work people are able to take on, thus limiting their income. According to HILDA 2007, only 29% of people in poor health were employed full-time and 17% were employed part-time. This compares with 61% of people in good health working full-time and 20% working part-time. The HILDA report shows that just over 21% of working-age people who are not in the labour force identify illness, injury or disability as the reason, making it the third most common reason for not participating in the labour force.

Employment type also impacts on people’s ability to manage their ill health and income. The majority of the population has access to paid sick leave, with Australians taking more than three million days off work due to illness in 2004-2005. However, in 2007 18% of Australian employees did not have access to paid sick leave, due to casual and contractor employment arrangements.

**Catastrophic health care spending.**

Out of pocket expenses place a major financial burden on particular patient populations. For example in recent research 46% of patients with COPD (chronic obstructive pulmonary disease) had experienced a ‘catastrophic health care spending event’ (out-of-pocket expenses greater than 10% of income) during the eight year study period. 45% of the same households had been unable to pay at least one living or medical expense in the previous 12 months. This is likely to be similar for many people experiencing chronic disease and disability. In addition, ill health or lack of health insurance was cited as the primary reason for 11% of Australian bankruptcies in 2009.

**Cost of prevention**

For many, prevention of ill-health requires access to a range of protective factors generally referred to as the determinants of health – affordable nutritious food, safe housing and environment, employment etc. Primary health care services, including preventative services and allied health, are an important element in the prevention of ill-health, the resolution of health issues and in the prevention of the exacerbation of illness or injury. However, access to primary health care services can be limited due to practitioner availability and cost implications. For those struggling with ill health and disability, the cost of day to day management can seriously impede opportunities for prevention of further health complexities.

“I am currently on 33 tablets a day. The cost of other treatments for opportunistic diseases has impacted on my finances to the extent that now I cannot afford all the other treatments required to stay well. The times I stray from them I am hospitalised for extended periods. (Stan)"

“I no longer have the option of additional therapies as the cost is too much of a burden. If I do, then something else has to be dropped. This is usually food because everything else is required for me to maintain the perilous grip I have on living in general as I grow older with HIV/AIDS. (David)”

**Strategies to address the impact of the cost of ill health**

While this paper has not investigated initiative to address the impact of the costs of ill health and health care on the cost of living, addressing this requires complex, interconnected strategies. However, increasing financial

---

38 SACOSS Cost of Living Update No. 9, February 2012
40 ibid
literacy, supporting incentive and saving programs, and providing information about money management are likely to support the successful management of the economic impact of both short and long term health issues.

---

Appendix 3: Every chance for every child

The South Australian Government’s vision for this priority area is that South Australia is recognised internationally as a great place to raise healthy and creative children. Lasting community benefits arise from investment in children and families.

This discussion paper seeks to explore the relationship between ‘every chance for every child’ and the health and wellbeing of the population, particularly as it relates to parental engagement with key support systems, such as government agencies.

Diagram 3 – the pathway between every chance for every child and improved health and wellbeing

3.1 The links between every chance for every child and improving our health and well being

With the focus of Every Chance for Every Child (EC4EC) from pregnancy to age five, the impact and contribution of this priority area to the health and wellbeing of the population has been well established by research as being significant. Positive experiences in the antenatal period and the early years of life are well recognised as important for both the physical and emotional health of children, for their social and cognitive development, and for educational achievement and life chances as adults.

The four key evidence based outcome areas of EC4EC that Children are Born Healthy; Confident and Engaged Parents and Families; Healthy Child Development and Wellbeing, and Quality Early Learning, all recognise the critical role parents play in supporting their children's growth into happy healthy well-adjusted adults. In addition, they recognise that parents don’t and can’t do this alone and that community support is vital.

It is well known that the quality of parenting and care children receive, and quality of the home environment impact significantly on children’s development, and their health, wellbeing and life outcomes. The evidence shows that the confidence, knowledge and engagement of parents play a vital role in the quality of parenting and care. EC4EC advocates for a ‘whole of community approach’ to supporting families, recognising the important role of extended family and friends, as well as professionals and volunteers, systems and services.

There are many formal and informal networks and systems that support parents to be confident and engaged and therefore support positive child development from pregnancy to age five. This includes state government systems such as health, education and social services, as well as NGO’s and local governments. These systems provide a combination of specific early childhood services as well as direct and indirect support for families. The active engagement of parents and families with these systems is critical to their effectiveness.

Many parents experience successful and positive engagement with these systems, and are therefore encouraged to develop habits of engagement which ultimate benefit themselves and their children. However, engagement between government services and some families, particularly families from more vulnerable populations such as low SES and Aboriginal families, is often complex and can result in negative experiences. Poor experiences of engagement with one system can sometimes lead those who in fact require additional support to disengage from
other systems, often to the detriment of their and their children’s wellbeing. There are also many challenges experience by service providers seeking to engage with families from more vulnerable populations. Parental engagement is an issue that crosses government boundaries.

3.2 Major themes and opportunities

- Critical role of parental engagement

The importance of positive engagement between families and the services and systems, particularly government, which seek to support families during this critical period was identified as a key issue in the preliminary HiAP health lens analysis of this priority. This was further influenced by the emerging positive outcomes of the Family Engagement with Literacy project, a partnership project between HiAP, SA Health and DECD, piloted in four schools in the Western Adelaide Region. This project identified that engagement between service providers and families from more disadvantaged or vulnerable backgrounds was enhanced when strategies were in place to assist both parties to feel comfortable engaging with each other, when the benefits of engagement were recognised and the process for engagement was flexible to meet the needs of the parties, particularly the families.

A project is being proposed which will include a cross government collaborative process aiming to identify policy and strategies that support improved engagement between families and the services and systems that seek to support the wellbeing of the family and positive development of the child. The project will have a specific focus on vulnerable and disadvantaged families. This work will not duplicate existing work being undertaken in this area, rather it will enhance and compliment work, contributing to comprehensive suite strategies under the EC4EC priority. It will compliment other key initiatives such as Engaging Parents in the Early Childhood Development Story, which does not have a specific focus on vulnerable and disadvantaged families.

3.3 Key messages

- The quality of parenting and care children receive and quality of the home environment impact significantly on children’s development, and their health, wellbeing and life outcomes.
- Positive and nourishing early experiences help children to make the most of the potential that they are born with.
- A ‘whole of community approach’ to supporting families is essential, recognising the important role of extended family and friends, as well as professionals and volunteers, systems and services.
- The effective engagement between parents and professionals within supportive systems is critical to the success of the systems in achieving their outcomes, and to families and children receiving appropriate support.
Appendix 4: Growing advanced manufacturing

The South Australian Government’s vision for this priority area is that our manufacturing sector designs, develops and makes goods in demand locally and around the world. It uses world-leading technology and design that improves living standards and which offer rewarding careers.

This discussion paper seeks to explore the relationship between the Cabinet strategic priority ‘growing advanced manufacturing’ and the health and wellbeing of the population.

Diagram 4 – the pathway between growing advanced manufacturing and improved health and wellbeing

4.1 The links between growing advanced manufacturing and improving our health and wellbeing

Health is a productive force in the economy and is a determinant of growth and productivity, wealth and quality of life. 46

A stable, growing economy is key to health and wellbeing. Economic prosperity provides increased employment opportunities for South Australians which is crucial for improved wellbeing outcomes of communities. 47 Investments in human capital and a healthy workforce are needed as the productivity and competitiveness of the South Australian economy is directly dependent on a well-educated, skilled and adaptable workforce, especially in industries of need such as defence and mining. 48

Manufacturing plays a key role in the development of the economy and its ongoing strength and resilience. The sector makes large direct and indirect contributions to output, employment, investment and innovation and plays a vital role in both the competitiveness and prosperity of the state. It also contributes to exports and research and development. Currently, challenges are presented within the manufacturing sector due to a combination of global, structural and post-GFC cyclical pressures. 49 Ensuring strong continued growth in existing industries and identifying and maximising emerging opportunities for the manufacturing sector will ultimately grow advanced manufacturing in South Australia.

Given the large size of the health industry, manufacturing in the healthcare sector provides an emerging opportunity for continued economic growth. 50 Meeting new demands and serving new markets, such as the health and care needs of the ageing population is one example of how manufacturing in the healthcare sector can seize the opportunities presented by the health industry. Such manufacturing advances will in turn contribute to meeting the needs of an ageing population and ensuring this demographic can live a healthy and fulfilling lifestyle. The increasing costs of lifestyle diseases to the economy also presents opportunities for advanced

49 http://dx.doi.org/10.1787/9789264177338-en
50 A report of the non-Government members of the Prime Minister’s Taskforce on Manufacturing, Commonwealth of Australia, 2012.
manufacturing to support health promotion and the prevention of ill health as well as providing resources for those with chronic conditions (e.g. obesity, diabetes) to look after themselves.

4.2 Major themes and opportunities

○ Healthy Workforce and the Skills Agenda

The manufacturing sector is closely aligned with broader society and especially education – it is a strong contributor to economic production, productivity and employment. Good population health is a critical input into economic growth and long-term economic development. Better health enables higher levels of labour force participation and healthier people with a long life expectation are seen to have greater incentive to invest in education and training thus increasing state and national productivity.  

The interconnections between the economy and health and the manufacturing role in economic development are underpinned by a healthy workforce and investments in human capital. Health and education are both contributing factors to human capital and human capital is recognised as a key determinant of individual labour market outcomes because of its positive association with workers’ productivity.  

Knowledge and skills have become an essential for comparative advantage in an economy and such skills and knowledge drive a cycle to improve the standard of living and the quality of life for communities. There is a growing demand for higher skilled workers in the manufacturing sector and skill shortages are evident.  

The policy driver for the Skills Agenda in South Australia is the Skills for All initiative and the STEM Skills Strategy recognises that the growing needs of local industries, including defence and mining require people with a certain skill set which are needed to continually improve productivity and ultimately economic outcomes.

Better links between the learning and earning systems and an emphasis on lifelong learning also have the potential to meet the skills and labour force demands of the next decades which can contribute to the targets of ‘growing advanced manufacturing’ in the state. There are human resource challenges for businesses to provide ongoing education and training to employees to enhance capabilities which drive innovation and an innovation culture in workplaces.  

Increasing the skills requirements for precision, high value-add manufacturing is a future need to ensuring a robust manufacturing sector.

It is important that a shift to higher skills does not leave the low-skilled and unskilled behind with the potential to further exacerbate inequalities. Strategies are needed to help disadvantaged groups gain skills and employment, including matching of human capital with those regions and industries in need - this is also the intention of Skills for All.

The Health in All Policies unit is currently proposing a Learning or Earning Health Lens project (a partnership with DFEEST) to support vulnerable young people to successfully transition from education to training and employment, in particular through optimising opportunities and pathways through Skills for All. The project proposal is expected to go up for endorsement by the Chief Executives of the Department for Health and Ageing and the Department of Further Education, Employment, Science and Technology in October.

○ The Health Sector Presents an Opportunity for Growing Advanced Manufacturing

Health may contribute to economic outcomes through four main channels: higher productivity, higher labour supply, improved skills as a result of greater education and training, and increased savings available for investment in physical and intellectual capital. This recognises the contribution of human capital to economic growth. At the same time, economic outcomes matter for health. Economic prosperity increases employment opportunities and an enhanced quality of life and wellness for communities.

The interaction between the economy and health can be seen as two-way. The health sector is an intervention mechanism that shapes the economy, but it is also shaped by the economy. Therefore, an integrated policy
response is required to ensure that the health-economy relationship is positive and mutually reinforcing. The health system therefore not only recognises the importance of manufacturing’s role in the health sector but also the role which health can play in supporting manufacturing in the state. In South Australia the ‘traditional’ or mainstream health sector is estimated as contributing approximately $6.5 billion to GSP (Gross State Profit). At the time, this represented between 10% and 13% of economic activity within the State.\(^{56}\) The expanding wellness industry\(^*\) is also emerging as a significant economic driver (predominantly in the private sector).\(^{59}\)

This presents an opportunity to leverage local health industry capability and health innovation into export markets. The health and ageing issues faced by South Australia are also being faced by most other developed economies around the world and therefore represents a huge opportunity for South Australian manufacturing capability to capture health innovation into these export markets.

The health sector could support advanced manufacturing through the consideration of ‘manufacturing and health policy’ to maximise opportunities in terms of economic contribution (given the size of the health sector) and in terms of benefits to the health and wellbeing of South Australian communities.

- **Building and Strengthening of a Health Cluster and Smarter Procurement to Drive Innovation and Research**

As one of the largest service industries, the health sector plays an important role in manufacturing and hence for economic development. There is a growing recognition of the need for collaborative approaches to stimulate innovation and partnerships to enable the manufacturing sector to respond positively to the challenges and opportunities within 21\(^{st}\) century markets and supply chains.\(^{60}\) Given the increasing costs of lifestyle diseases to the economies of developed countries and an ageing population, the manufacturing sector can play an important role in supporting health promotion and prevention of ill health, and contribute to product development so those with chronic conditions have adequate resources to look after themselves and are able to live comfortably.

The development and implementation of a cohesive strategy which builds on the themes and challenges identified by Manufacturing Thinker in Residence Professor Goran Roos is a central driver for the development of policy which supports collaborative approaches. The development of a health cluster is one strategy which has the potential to strengthen collaboration in the manufacturing-health field.\(^{61}\) Such a cluster would aim to increase knowledge sharing, public private partnerships and strategic development – all contributing to fostering innovation flows and enhanced outcomes for economic development and for the health and wellbeing of communities.

Innovation delivers economic, social and environmental benefits to society. It improves the competitiveness and productivity of industries and thus enhances social welfare and standards of living in many different ways – such as job creation, health improvements and eliminating pollution from our environment.\(^{62}\) A health cluster could nurture an innovation system to encourage a culture of collaboration, including within the research sector and between researchers and industry – driving innovations in products, services and processes.

Smarter procurement has a role to play in the health sector supporting manufacturing in the state. The health system is a large contributor of resources and through local preferential procurement purchases the health sector could stimulate increased business investment in South Australia.

To maximise the economic potential of manufacturing’s role in the health sector, supporting policies are required to enable the development and continuation of a health cluster and smarter procurement to increase mechanisms for innovation to strengthen the competitiveness of the state.

**4.3 Key communication messages**

- The interaction between the economy and health can be seen as two-way. The health sector is an intervention mechanism that shapes the economy, but it is also shaped by the economy.

---


\(^{60}\) Roos G 2011, Manufacturing into the future, Government of South Australia, Adelaide.

\(^{61}\) Ibid.

\(^{62}\) A report of the non-Government members of the Prime Minister’s Taskforce on Manufacturing, Commonwealth of Australia, 2012.
Policies and programs that support the development of knowledge, skills, competencies and capabilities that can be effectively transferred across industry sectors are likely to contribute to the future robustness of South Australian manufacturing.

As one of the largest service industries, the health sector plays an important role in manufacturing and hence for economic development; the health system can support growing advanced manufacturing in the state.

The health sector presents an opportunity for growing advanced manufacturing. Given the increasing costs of lifestyle diseases to the economy and the ageing population there is potential for the manufacturing sector to seize opportunities within the health system to support health promotion and the prevention of illness as well as assisting those with chronic conditions through innovative product development. This includes leveraging local health industry capability and health innovation into export markets.

A collaborative approach is required to grow advanced manufacturing within the state. The development of a health cluster could support such an approach which would drive innovation and enhanced outcomes for economic development and positive health and wellbeing for South Australian communities.

Local preferential procurement purchases within the health sector can stimulate increased business investment in South Australia.

*Wellness’ is a term that covers many sectors of industry, from health foods to lifestyle programs, exercise clothing, equipment, alternative therapies and medicines, healthier transport etc.
Appendix 5: Safe Communities, Healthy Neighbourhoods

The South Australian Government’s vision for this priority area is that neighbourhoods are friendly places where it’s easy for people to be active regularly. Neighbours see each other out and about and are confident in the safety of the community.

Health and wellbeing are shaped by many factors. This discussion paper focuses on safety and perceptions of safety as one of these factors.

Diagram 5 – the pathway between safe communities and improved health and wellbeing

5.1 The links between safe communities, healthy neighbourhoods and improving our health and well being

Feelings of safety and security are important determinants in the wellbeing of individuals and communities. Neighbourhoods which are perceived as safe, foster community participation, encourage physical activity and community connectedness, and add to the health and well-being of local residents and visitors. The built environment and the way neighbourhoods are designed and maintained, impact on perceptions of safety and are critical factors in any strategy for improving safety in neighbourhoods.

Perceptions of a lack of safety contribute to stress and levels of fear in individuals and reduce levels of trust and social connection in a community. Having social connections acts as a buffer against stressful events and can reduce stress levels and protect mental health. Perceptions of crime and feelings of insecurity are associated with poorer mental health, particularly for people in areas of lower socio-economic status.

Fear of crime can present a significant barrier to opportunities for social interactions within neighbourhoods. A fear of crime may promote distrust between neighbours, which interferes with the ability of neighbours to form social ties, which may lead further to the breakdown of order in the area and increased fear of crime – potentially leading to increased anxiety and poorer health outcomes.

5.2 Major themes and opportunities

Trust, connection and reciprocity are constructs which make up social capital and are important determinants of health and wellbeing.

Social capital is good for health - building social cohesion allows neighbours to form social networks and fosters community engagement. It promotes the notion of a socially attractive neighbourhood where participation in

community life is encouraged, including cultural expression. When people don’t feel safe they are less likely to interact and not be as active in their community, decreasing opportunities for physical activity and the use of public spaces. A socially well connected neighbourhood can be described as a vibrant, integrated, self-policing and sustainable community. Evidence suggests that building social cohesion plays an important role in increasing perceptions of neighbourhood safety, which contributes to improved health outcomes.

- **Neighbourhood Safety and Social Cohesion**

  Perceived safety is influenced by social cohesion, which in turn can impact on health. A lack of perceived cohesion is linked with feeling less safe within the local area. In neighbourhoods where residents feel a sense of cohesion and shared values, and an overall sense of safety, they make use of local facilities and participate and interact in their community, which contributes to maintaining their health. In contrast, experiencing fear about going outside one’s home because of perceived safety and being careful to avoid interaction with neighbours creates a social environment which undermines mental and physical health.

  - Fear of crime or concerns for safety can affect mental health through a number of ways. It can increase anxiety and psychological distress. It can cause individuals to constrain their behaviour and reduce participation in the social and physical activities that can promote mental health, such as walking, or can increase negative coping behaviours such as smoking or alcohol use. Finally, fear of crime can reduce feelings of personal control, and the resultant feelings of helplessness, which are risk factors for poor mental health.

  - Social cohesion and connectedness are protective factors in an emergency or disaster event. As an example, poor social network interaction has been associated with heat wave mortality. In a case study of the 1995 Chicago heat wave, certain neighbourhoods exhibited considerably higher rates of heat-related death suggesting neighbourhood-level characteristics, such as strong social networks, provided a buffer from the impact of the heat wave and potentially may act in a similar way in terms of other disasters. It was hypothesized that the people most at risk of dying were able to leave their homes and go and buy supplies or simply rest in air-conditioned stores and felt safe to go out at night to ‘cool off’. They knew people locally to call for help or check in with. In contrast, residents that felt their neighbourhood was dangerous were more likely to not leave their home and those most vulnerable, such as the elderly, accounted for those to most likely die alone during the heat wave event. Reports from the Victorian 2009 heat wave also found that older people, who were socially isolated were more at risk of death.

  - Coordinated efforts are required as promoting public health, supporting transit-oriented development, and increasing walking, bicycling, and use of public transit cannot fully occur without addressing crime, violence and perceptions of safety in communities. Integrated approaches involving social and community based initiatives along with physical interventions provide opportunities to address crime and safety. Where the physical environment cannot be changed, building social cohesion can assist to promote feelings of safety.

  - Individual characteristics also affect fear of crime and feelings of safety or vulnerability. Studies show that older people and women are more likely to report fear of crime or insecurity in public places. In addition to being female and older, poorer people, ethnic minorities and those with previous direct or indirect experiences of victimization also report lower feelings of safety.

- **The Physical Environment and Social Cohesion**

  68 Baum FE, Ziersch AM, Zhang G, Osborne K 2009. Do perceived neighbourhood cohesion and safety contributes to neighbourhood differences in health? Health & Place, vol. 15, no. 4, pp. 925-934
  69 Giles-Corti B, Ryan K, Foster S 2012. Increasing density in Australia: maximising the health benefits and minimising the harm, report to the National Heart Foundation of Australia, Melbourne.
The physical environment can further facilitate informal neighbouring through the availability of opportunities for casual interaction between neighbours, playing a role in creating safe and socially supportive neighbourhoods. For example, evidence demonstrates that people who perceive the walking environment to be safe and interesting are more likely to rate their sense of community highly.  

Incivilities associated with increased fear of crime, such as graffiti, litter, vandalism or neglected buildings, have also been shown to be detrimental to sense of community. A lack of physical integrity may also contribute to the cycle of community disinvestment also potentially leading to missed employment opportunities. The built environment reflects social norms, portraying a message about the kind of behaviour tolerated within the neighbourhood.

A promising area of action is to design built environments that promote proactive engagement activity, and use of public and neighbourhood spaces. Such modifications intend to bring together a greater human presence through social activities, building social cohesion. This also includes the aspect of cultural planning.

Crime prevention through environmental design (CPTED) is based on the idea that some crimes are committed because the environment creates opportunities for crime. CPTED seeks to change the design or other aspects of an environment, thereby reducing opportunities for crime and associated negative health outcomes. The attributes of the built environment that contribute to preventing crime within a community, include:

- **Access and movement**: places with well-defined routes, spaces and entrances providing convenient movement without compromising security – clearly guide people to and from entrances (natural access control).
- **Structure**: places that are structured so different uses do not cause conflict.
- **Natural surveillance**: places where all publicly accessible spaces are overlooked and lighting and landscaping design make a space visible.
- **Ownership**: places that promote a sense of ownership, respect, territorial responsibility and community.
- **Physical protection**: places with necessary, well designed security features.
- **Activity**: places where the level of human activity is appropriate to the location and creates a reduced risk of crime and a sense of safety at all times.
- **Management and maintenance**: places designed with management and maintenance in mind, to discourage crime in the present and in the future; to deter neglect and preserve property value and safety.

Strategies that address the underlying social and economic causes of crime and limit the supply of motivated offenders (social and structural approaches) are also critical to an integrated approach to crime prevention and increasing perceptions of safety. Building social cohesion plays a role in this.

**Physical Activity and Social Cohesion**

Perceptions of safety from crime, violence and injury are critical determinants of physical activity. Safety perceptions influence people’s decisions to walk or bicycle; residents fearful of crime and violence are less likely to use recreational facilities and achieve adequate physical activity. Evidence suggests that low levels of active transport and physical activity among children in their neighbourhood are associated with lack of perceived neighbourhood safety.

Safety concerns may result in fewer people being out and about in the neighbourhood, less familiarity with people living locally and increased fear of ‘stranger danger’. Greater social interaction may be related

---

77 Ibid
to increased independent mobility among children and increased opportunities for unstructured outdoor play and physical activity.\textsuperscript{80}

- Such constrained behaviours can lead to limited access to the health and community services necessary to maintain health and wellbeing. Furthermore, neighbourhoods with high crime rates may have more difficulty attracting businesses that provide material resources and services which are essential for a healthy lifestyle, for example food outlets selling fresh fruits and vegetables.\textsuperscript{81}

- Perceived neighbourhood safety is a mechanism through which neighbourhood characteristics may influence obesity. Residence in a neighbourhood perceived as unsafe may contribute to obesity in a number of ways, including increased secretion of stress hormones, lower rates of walking or other outdoor physical activity and higher rates of stress-related eating. Strategies need to consider coordinated efforts to promote less stressful and more secure neighbourhood environments.\textsuperscript{82}

- Increasing neighbourhood social capital promotes being active in the community and facilitates the use of public spaces for recreational purposes and promotes active transport.\textsuperscript{83}

5.3 Key messages

- Residents with larger social networks, higher levels of social support, and higher levels of social cohesion in their neighbourhood are more likely to perceive their neighbourhood as safer compared to their counterparts.\textsuperscript{84}

- Feeling and being safe was the number one priority identified by South Australians in the survey accompanying the review of South Australia’s Strategic Plan.

- Australian Bureau of Statistics (ABS) data finds that more South Australians feel unsafe in their homes and report a higher perception of personal crimes occurring in their neighbourhoods when compared to most other states. However, despite having the highest crime reporting rate, statistics on victimisation of assault and sexual assault show levels within South Australia that are generally lower than those for the rest of Australia.\textsuperscript{85}

- A sustainable society requires cooperation and trust at basic levels. Feeling safe and secure at home, work and in the community is an essential prerequisite for sustaining a high quality of life. Perceived neighbourhood safety is important not only to our physical and psychological health, but also to the success of local businesses and the vitality of our communities.\textsuperscript{86}


\textsuperscript{85} ABS 2009 Crime and Safety South Australia (cat. No. 1345.4).

Appendix 6: Realising the benefits of the mining boom for all South Australians

The South Australian Government’s vision for this priority area is that the mining exploration boom progresses to a mining production boom. We are a mining services hub for Australia and the region with a reputation for safe and sustainable minerals and energy production. South Australia take up the jobs on offer and our regional towns are more resilient.

This discussion paper seeks to explore the relationship between ‘realising the benefits of the mining boom for all’ and the health and wellbeing of the population.

Diagram 6 – the pathway between realising the benefits of the mining boom for all and improved health and wellbeing

6.1 The links between realising the benefits of the mining boom for all and improving our health and well being

Mining provides a significant contribution to South Australia’s economy. The proposed expansion of mining operations across the State, presents a range of challenges and opportunities to our workforce needs and healthy sustainable regional development. Since the late-1980s, there has been a shift towards a mobile mining workforce who resides outside their region of employment (“the coastal drift”). As a consequence, Fly In Fly Out (FIFO) workers who commute long distances are now widely employed in the South Australian mining industry and have an integral role in realising the benefits of the mining boom.

The social, economic and environmental impact of the FIFO workforce not only affects the health and wellbeing of the individual, but also their colleagues and family, the community in which they reside, and regional centres directly associated with the mining industry. For example, FIFO workers place increased demand on services in regional communities, particularly in relation to health and housing, which have not been designed to withstand rapid population growth. However, a range of positive outcomes have been reported in relation to FIFO, including a lower economic impact when compared to establishing mining camps and increased employment opportunities for dual-income families. These issues have attracted significant government interest and are currently the focus of the Standing Committee on Regional Australia’s inquiry into the use of FIFO workforce practices in regional Australia.

Research has estimated the annualised employee turnover at FIFO sites to be between 10-33%, with the highest turnover rates reported among minerals professionals and mine operators. High turnover among the workforce


32
significantly impacts on industry costs associated with loss of productivity, loss of corporate knowledge, and recruitment and retention costs.\textsuperscript{93} A mixture of FIFO and resident workforce is therefore required to maintain effective productivity and sustainability of operations.\textsuperscript{94} The mining expansion presents opportunities not only for employment in regional areas but also to attract skilled workers to regional centres in support industries such as health and education.

As a large FIFO workforce is a non-negotiable requirement for the State, a multi-disciplinary, proactive response is required from all involved parties including government, mining companies, communities, workers and their families, in order to manage the challenges and optimise the benefits of the FIFO workforce and the mining expansion.

6.2 Major themes and opportunities

\textbf{The FIFO workforce is essential to mining in South Australia}

The productivity and efficiency of mining operations is dependent on the availability of a skilled workforce. In South Australia, there are 19 major mines (13 in production) and 27 advanced projects under development.\textsuperscript{95} The mining sector employs approximately 8,900 people in South Australia.\textsuperscript{96} While regional South Australia has the potential to provide some of the workforce, the employment of FIFO workers is necessary to ensure the demand for labour is met as operations expand, with some sites expecting 15-20\% of the workforce to be transient workers.\textsuperscript{97} The development and implementation of strategies to support the FIFO workforce will assist individuals, communities, mining companies and the government to manage challenges and optimise the benefits of a transient workforce and ultimately, assist South Australia in realising the benefits of the mining boom.

\textbf{Mining represents a significant regional development opportunity for South Australia}

Mining is a major contributor to South Australia’s economy, contributing approximately 4.3\% of the Gross State Product in 2010-11. Mineral exploration expenditure reached $255 million in 2010-11 and minerals production values reached a record $4.963 billion.\textsuperscript{98} Mining represents a significant regional development opportunity for South Australia, particularly in the Far North region and major regional centres close to mining operations (e.g. Port Pirie, Whyalla, Port Augusta). A number of strategic infrastructure projects will be required in the Far North region to ensure it can meet the demands of increased mining and this offers an opportunity for South Australian businesses in the region to capitalise on the provision of infrastructure support. Further, the expansion of mining operations also provides an opportunity for regional centres to provide a significant proportion of the workforce for these and other related projects. Improved employment opportunities in regional South Australia will assist in making regional centres more attractive to skilled workers in other fields, including service industries such as health and education.

\textbf{Vibrant regional communities and healthy people as a reason to live and invest in South Australia}

Evidence indicates that investment in sustainable regional development enhances the economic benefits of mineral resources to both mining companies and communities.\textsuperscript{99} Integrating economic progress, responsible social development, effective management, and partnerships between government, community and industry can support communities to become more resilient and dynamic in their response to change. Vibrant, resilient communities are those which continually create and improve the physical and social environments, and expand on community resources which enable people to reach their maximum potential.\textsuperscript{100} It is these communities which provide an environment conducive to good health and wellbeing, and are attractive places for people to live, work and invest in.

6.3 Key messages

- The FIFO workforce is a necessary requirement for South Australia to realise the potential of the mining boom, due to the demand for skilled workers and remoteness of mining operations. Having a balance between FIFO and resident workforce is necessary to optimise the productivity and sustainability of mining operations.

- Strategies to manage the challenges and optimise the benefits of the FIFO are necessary and may include multi-disciplinary, multi-level responses from government, mining companies, regional communities and workers.

- The mining expansion also represents a significant opportunity for regional communities to capitalise on the demand for skilled employment and supporting infrastructure. Regional communities which are successful in leveraging off and managing these opportunities are more likely to be resilient, healthy and attractive places to live and work.
Appendix 7: Premium food and wine from our clean environment

The South Australian Government’s vision for this priority area is that South Australia is renowned as a producer of premium food and wine from its clean water, clean air and soil. Our food and wine is consumed locally and exported around the world.

This discussion paper seeks to explore the relationship between ‘premium food and wine from our clean environment’ and the health and wellbeing of the population.

![Diagram 7 – the pathway between premium food and wine and improved health and wellbeing]

7.1 The links between premium food and wine from our clean environment and improving our health and well being

Premium food implies high value food. This may relate to high quality, nutritious food that is local, fresh, and good for health. It may also relate to food that is exclusive and highly priced. Both concepts of premium are important for this priority area. Being able to sell, and particularly export, food at a premium price is critical for our economy, and a thriving economy has considerable social, health and wellbeing benefits. It is also critical for our state that our community has access to high quality, nutritious food at an affordable price. Research shows cost is a barrier for certain segments of our society to access quality nutritious food, which has implications for the health and wellbeing of our population. For the context of this discussion paper, ‘premium’ food is defined as ‘quality’ food rather than premium priced food.

Enhancing the health and wellbeing of all South Australians through increasing access to high quality, nutritious, safe and affordable food can have a positive impact on increasing the proportion of South Australians in the healthy weight range and decreasing the prevalence of chronic diseases.

The relationship between food and health is intrinsic and well understood. Good nutrition is fundamental to maintaining good health throughout life. It is essential for healthy growth and development during infancy and childhood, and plays a major role in the prevention of many chronic lifestyle-related diseases. However, food consumption patterns are influenced by a complex mix of social, cultural, physiological and economic factors. These include the availability and cost of food.

Reducing barriers to a safe and nutritious food supply that responds to the needs of all South Australians will support improving population health. Supportive environments and communities shape people’s choices and help prevent obesity and related chronic disease. Evidence shows that effective interventions include those that ensure a regular accessible food supply that is of good quality (food that is geographically available – i.e.

101 The Eat Well Be Active Strategy for South Australia 2011-2016. Government of South Australia
102 Flournoy, R. Healthy Foods, Strong Communities. Fresh fruits and veggies are good for more than just your health. Shelter force Online Issue #147, Fall 2006
fresh and affordable), and key nutrition issues are targeted with strategic and multifaceted interventions to promote healthy eating.  

7.2 Major themes and opportunities

○ **Premium healthy food as a driver to live in, invest in, and visit South Australia**

South Australia is in a prime position to capitalise on the production and promotion of healthy, fresh, premium food and its production providing a unique ‘food experience’ for visitors. Marketing strategies that assist farmers and local food manufacturers to maintain financial viability such as ‘agriculture tourism’ integrated with South Australia’s renowned arts and sporting festivals and events. Adelaide itself has a reputation for fine dining at lower costs than other capital cities, with many restaurants providing a range of cuisines and a burgeoning ‘café culture’. This can be further enhanced by advancing the production, supply, branding and marketing of local produce: ‘People have become more interested in how their food is produced. They want to meet farmers and processors and talk with them about what goes into food production and for many people the visit marks the first time they see the source of their food’106.

There is growing evidence that obesity, nutrition, food security and fruit and vegetable consumption are associated with the features of the urban environment in which people live (and particularly those living in low income or disadvantaged areas), and advocates are increasingly calling on local and state governments to use their urban planning powers to take a variety of health and food related issues into account. 107 For example, when combined with principles of transit oriented developments108, the integration of local and regional food systems into neighbourhood developments will also provide opportunities for environmental education and can improve neighbourhood green space and social connections which, in turn, provides an opportunity for directing marketing to attract investment around healthy places to live and to bring up families. Local and regional food systems can especially increase employment, income, and output in rural areas, help address “food desert” challenges in cities’ lower-income neighbourhoods, foster civic engagement, and enhance urban-rural connections.109

○ **Access to affordable, premium healthy food choices for all South Australians**

South Australia is in a prime position to reduce the impact of obesity by increasing the opportunities for South Australians to access affordable, high quality, healthy food. Access to regionally produced healthy food will support the key action areas in the South Australian Eat Well be Active Strategy 2011 – 2016 making the healthy options the easy and affordable options in the places where we live, learn, work, eat, play and shop.

Access to nutritious food is affected by the levels of food literacy within the population and also by geographical and socioeconomic location. Within many disadvantaged communities, there are fewer retail outlets selling affordable and nutritious foods. In contrast, processed fast food outlets are often clustered within lower socioeconomic areas. A shortage of food and a shortage of a variety of healthy food are known to contribute to the development of deficiency diseases and increased morbidity.110

People on low incomes, people who are unemployed and those with disabilities are among those groups more vulnerable to food insecurity. In 2004, the Australian Bureau of Statistics111 reported that almost 60,000 Australians from low-income working families had gone without meals in the past 12 months. There is a graded relationship between socioeconomic status and obesity; people who live in the most disadvantaged areas are more likely to be obese than people who live in areas that are less disadvantaged.112

105 Schumacher, G, Nischan, M, Bowman Simon, D. “Health Food Access and Affordability: We can pay the farmer or we can pay the hospital” Maine Policy Review, Winter/Spring 2011
106 Beus, C. Agritourism: Cultivating tourism on the farm. Washington State University July 2008
107 Montague, M. Local Government and Food Security An Evidence Review What we know about what works and what might work The Public Health Unit North and West Metropolitan Region Department of Health Victoria September 2011
109 O’Hara, J. Market forces: creating jobs through public investment in local and regional food systems. 2011 Union of Concerned Scientists
Increase marketing of premium healthy food that encourages a healthy diet and lifestyle

People have become more interested in food production and provenance, and consumer awareness of the importance of healthy eating is rising. Indeed, it is one of the strongest trends in the marketplace. New product development and reformulation of existing recipes by the food industry have the potential to make healthier food options more accessible.

Marketing South Australia’s premium food industry through highly accessible and affordable mediums such as our farmers’ markets and food fairs can help support small-scale farmers while providing fresh, high quality food to residents, as well as support for public spaces important for social interaction. These outlets can also serve as small business incubators when they provide opportunities for residents to sell items such as baked goods or other ‘boutique’ products. The development of certification standards for farmers markets could help ensure the integrity of direct-to-consumer marketing systems.

Other initiatives such as Farm to School programs which operate extensively in the USA, aim to enable every child to have access to nutritious food. These Programs simultaneously benefit communities and local farmers by connecting food-related curriculum to practical learning opportunities through school gardens, farm tours, farmer in the classroom sessions, chefs in the classroom, educational sessions for parents and community members and visits to farmers’ markets. Two outcomes of the program have been an increase in food literacy and the development of children as healthy premium food advocates.

7.3 Key messages

- Empirical research has found that expanding local food systems in a community can increase employment and income in that community.

- “We can pay the farmer, or we can pay the hospital”

- Unhealthy weight, poor diet and physical inactivity will drive both the greatest relative projected increases in expenditure on preventable chronic disease (diabetes and musculoskeletal conditions) and the greatest absolute increase (cardiovascular disease) and without intervention, international studies suggest one-fifth of national health-care expenditures could be devoted to treating the consequences of obesity by 2020.

- Most South Australians want to eat more fruit and vegetables and know that they are ‘good for you’. The fact is that eating more fruit and vegetables may be the single most important dietary change needed to improve health and reduce the risk of disease.

- People have become more interested in food production and provenance. The public sector, including local government, can nurture this by supporting farmers’ markets and food fairs, retaining allotments (making best use of unused land) and encouraging social enterprises that work with communities on food issues.

- There is a steady decline of South Australians in the healthy weight range. The most recent SA Health data shows that nearly 60% of South Australian adults and nearly 25% of children are overweight or obese.

- People with lower socio-economic status experience higher rates of diet-related illness including low birth weight babies, childhood and infant anaemia, lowered immunity, dental caries, obesity, blood pressure, Type 2 diabetes, heart disease and stroke.

---

References

1. Creating a vibrant city
ABS: Cat. No. 2001.0 - 2006 Community Profile Series
Franklin, A; Tranter, B: AHURI Essay Housing, Loneliness and Health: AHURI Final Report No 164
Kelly, J: 2010, The cities we need, Grattan Institute, Melbourne
Kelly, J; Breadon, P; Davis, C; Hunter, A; Mares, P; Mullerworth, D; Weidmann, B., 2012, Social Cities, Grattan Institute, Melbourne
Pretty, G; Bishop, B; Fisher, A; Sonn, C: Psychological sense of community and its relevance to wellbeing and everyday life in Australia. The Australian Psychological Society, September 2006

2. An affordable place to live
CHA-NATSEM Second Report on Health Inequalities, prepared by Laurie Brown, LincThurecht and Binod Nepal. Catholic Health Australia MAY 2012
NATSEM (2012) Prices These Days - The Cost of Living in Australia Report 31
http://www.who.int/healthpromotion/conferences/previous/ottawa/en/

An affordable place to live - additional paper – cost of ill health
ABS 2011c Table 3
CHA-NATSEM Second Report on Health Inequalities, prepared by Laurie Brown, Linc Thurecht and Binod Nepal. Catholic Health Australia MAY 2012
3. **Every chance for every child**

4. **Growing advanced manufacturing**

A report of the non-Government members of the Prime Minister’s Taskforce on Manufacturing, Commonwealth of Australia, 2012.

Australian Workforce and Productivity Agency 2012, Future focus: Australia’s skills and workforce development needs discussion paper.


5. **Safe communities, healthy neighbourhoods**

ABS 2009 Crime and Safety South Australia (cat.No. 1345.4).

Baum FE, Ziersch AM, Zhang G, Osborne K 2009. Do perceived neighbourhood cohesion and safety contributes to neighbourhood differences in health? Health & Place, vol. 15, no. 4


Giles-Corti B, Ryan K, Foster S 2012. Increasing density in Australia: maximising the health benefits and minimising the harm, report to the National Heart Foundation of Australia, Melbourne.


6. Realising the benefits of the mining boom for all South Australians


7. Premium Food and wine from our clean environment


Australian Institute of Health and Welfare 2012 Australia’s health 2012 Australia’s health series no.13. Cat. no. AUS 156. Canberra: AIHW.

Beus, C. Agritourism: Cultivating tourism on the farm. Washington State University July 2008

Eat Well Be Active Strategy for South Australia 2011-2016. Government of South Australia

Flournoy, R. Healthy Foods, Strong Communities Fresh fruits and veggies are good for more than just your health. Shelter force Online Issue #147, Fall 2006


