INTRODUCTION

The Chief Public Health Officer’s Report is developed to meet the requirements of Section 23 of the South Australian Public Health Act, 2011 (the Act). It covers the period from July 2012 to June 2014 and addresses the public health trends, activities and indicators in South Australia, progress on the implementation of the State Public Health Plan and the administration of the Act.

This is an ‘at a glance’ summary of the report. The full report can be accessed on the SA Health website here.

What is public health?

The Act defines public health as:

‘The health of individuals in the context of the wider community and may involve a combination of policies, programs and safeguards designed to:

> Protect, maintain or promote the health of the community at large, including where one or more persons may be the focus of any safeguards, action or response, or
> Prevent or reduce the incidence of disease, injury or disability within the community’.

The Act recognises that the health of individuals and populations is shaped by broad societal factors, including the social, economic and physical environment, as well as individual behaviours and characteristics.

What is the relationship between public health and healthcare?

> Public health practice seeks to improve health and wellbeing through approaches which focus on whole populations.
> Health care is the diagnosis, treatment or rehabilitation of a patient under care, accomplished on a one-on-one basis.

Together, public health and health care constitutes the health system: protecting and promoting health and caring for those at risk or in need.

Many poor health outcomes are preventable

Many chronic conditions and infectious and environmentally caused acute conditions can be prevented or their impact improved. This cannot be achieved by the health system alone. It is important to also address the circumstances which contributed to ill-health in the first place. Improving health and wellbeing and therefore reducing health care costs is in the interests of everyone.

Public health and Transforming Health

To meet the challenges to our health system’s financial sustainability, the acute healthcare system in South Australia is being transformed with significant changes in service configuration to improve service quality and outcomes. The South Australian Public Health Act, 2011 marks the way to transforming public health to deliver on the same challenges and transformations.

Public health and healthcare transformation agendas are co-dependant and interrelated. The challenges of changing healthcare needs means that we must think differently, work differently and deliver public health actions and healthcare differently as one health system.
South Australians generally enjoy good health, but this is not the same for everyone. There are variations in health outcomes in South Australia. The most vulnerable and disadvantaged in our communities demonstrate the poorest health outcomes and are more likely to report chronic and infectious disease and mental health problems.

There is an increasing burden of age and lifestyle related diseases. We are an ageing population and living longer. We have a sedentary lifestyle, a majority of us are overweight or obese, many drink too much and smoking prevalence rose between 2012-13. There is an increase of non-communicable diseases such as diabetes.

New (and old) infectious diseases remain a challenge. Measles, varicella infection (chickenpox and shingles) and sexually transmitted infections like gonorrhoea and chlamydia have seen increased rates in the period under review. Climate change will bring new disease threats. We are also seeing the threat of the international spread of disease, for example and most recently, Ebola virus disease.

Social connectedness and wellbeing are being highlighted as issues through the Regional Public Health Plans. Loneliness, isolation, mental health and social connectedness are being cited across Regional Public Health plans by communities as significant factors influencing our health. Creating environments that enable caring connections, looking out for our neighbours and being involved in our community will be paramount in achieving good health in the 21st Century.
A summary of the state of public health

South Australia’s population

Our POPULATION is GROWING, but more slowly than others.

In June 2013, the estimated resident population of South Australia was 1.67 million people [1]. Between the years 2009 to 2013, the population in South Australia increased by 3.8% which was the second lowest growth across of all states and territories [1]. In 2011, the estimated resident population of Aboriginal people was around 30,400, comprising approximately 2.3% of the South Australia population [2].

Our geography is sparse; most of us LIVE IN METROPOLITAN ADELAIDE and larger regional cities.

The majority of the geographic area within South Australia is considered to be very remote [3]. This, coupled with the population density of South Australia of 1.7 people per square kilometre, makes South Australia the third most sparsely populated state or territory behind Northern Territory and Western Australia [1].

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Did you know!

Between January 2013 and June 2014, a total of 2,174 Humanitarian entrants arrived in South Australia from Afghanistan, Bhutan, Iran, Myanmar/Burma, Nepal, Pakistan, Democratic Republic of Congo and several other African, Middle Eastern and Asian countries [7].

We have an INCREASINGLY CULTURALLY DIVERSE population.

South Australia is home to people from more than 200 culturally, linguistically and religiously diverse backgrounds. We come from about 200 countries, speak more than 200 languages (including Aboriginal languages) and believe in about 100 religions [6]. Migrants from non-English speaking backgrounds and their children make up nearly one quarter of South Australia’s population [7].

The proportion of South Australians who report English being the language spoken at home was 81.6%, and of those who reported speaking a language other than English, 2.5% of South Australians reported speaking English either not well or not at all [6].

South Australia’s population is AGEING.

In 2013, 16.7% of the population were aged 65 years or over which is the 2ND HIGHEST proportion in Australia and this rate is increasing [4]. In contrast, Aboriginal people aged 65 years and over comprise only 3.7% of the Aboriginal population [5].

In 2013, 17.7% of the population was aged less than 15 years of age which is the LOWEST proportion across all states and territories [4].

In comparison, Aboriginal people aged less than 15 years of age constitute 34.9% of the South Australian Aboriginal population [5].

Nearly one quarter of us LIVE ALONE.

In South Australia, 23.7% of dwellings usually housed one resident which was the HIGHEST proportion of all states and territories [6].

We have SMALLER FAMILIES and less children.

Of the families in South Australia, 41.5% were couple families with children, 40.6% were couple families without children and 16.3% were one parent families [6].

South Australia has the 2nd HIGHEST proportion of couple families WITHOUT children [6].

Of South Australians families with children, 42.4% reported having one child which is above the national rate [6].
A summary of the state of public health

Determinants of health

Our health and wellbeing are determined (or influenced by) a wide range of factors which include individual, social, cultural, economic and environmental [8]. These factors are referred to as determinants of health, or ‘the causes of the causes’. Determinants include: employment and housing, schools and education; social connections; conditions of work and leisure; and the state of housing, neighbourhoods and the environment. Further, exposure to environmental hazards and infectious agents also play a direct role [9].

Many South Australians experience a GOOD TO HIGH LEVEL OF HEALTH and WELLBEING, however it is RECOGNISED that there are DISADVANTAGES and INEQUITIES affecting the health of particular population groups.

The most disadvantaged people in South Australia were more likely to report having a mental health problem, diabetes, chronic lung disease, asthma, arthritis, high blood pressure, high cholesterol, be an unhealthy weight and be insufficiently active [10].

OPEN SPACE

Parks and other areas of public open space provide local destinations for people to walk and cycle to and are active in; provide exposure to nature which can be restorative and provide positive physical and mental health benefits; and provide places for social interaction which is critical for creating and maintaining community cohesion and building social capital [12].

ACTIVE TRANSPORT

Increasing active transport opportunities (public transport, cycling and walking) can reduce congestion and its associated costs, such as air and noise pollution as well as infrastructure maintenance. Active transport is also beneficial in reducing the costs of health impacts of other forms of transport. For example walking and cycling as forms of physical activity, contribute to reducing population obesity and other diseases associated with a sedentary lifestyle [13].

An average of 57% of South Australians who are on a VERY LOW, LOW or moderate household INCOME and privately rent, spend more than 30% of their income on rent [14].

Secure and affordable housing provides a platform for a range of benefits, including stable employment, connection to the community and a sense of home. People living with housing stress are less likely to be able to contribute to community life, either due to the need to work longer hours to pay the bills, or simply because there is not enough money for other activities [15].

Building HEALTHIER neighbourhoods

SA Health is working in partnership with several government agencies and local government to deliver healthier communities, which is a priority for the South Australian Government. These partnerships have resulted in the development of healthy design principles which are supporting the development of healthier communities.

Well-designed neighbourhoods can provide people with opportunities to be physically active and socially connected through the provision of street designs that encourage people to walk and cycle more often [11].
Throughout the life course the early years provide the foundation for the future. In 2012, **12.2%** of South Australian **CHILDREN** were categorised as **DEVELOPMENTALLY VULNERABLE** on two or more domains in the Australian Early Development Census [16].

In 2013, **ONE THIRD** of South Australians reported regularly **VOLUNTEERING** through an organisation or group [17].

Volunteering plays a key role in sustaining healthy, resilient communities and contributes significantly to the quality and vibrancy of our society. In South Australia, the volunteering effort is valued at $5 billion annually [19].

Across South Australia, around **78%** of respondents indicated they **FEEL PART** of their **COMMUNITY** [17].

Studies have demonstrated how profoundly isolation can affect us. A study drawing on research involving more than 300,000 people found a direct relationship between isolation and levels of morbidity and mortality. The study equated being socially isolated as having the same health impact as smoking 15 cigarettes a day or drinking six standard drinks of alcohol [18].

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A Focus on Aboriginal Wellbeing

The **Strengthening Families** program provides culturally responsive early intervention responses to better meet the needs of Aboriginal families who have, or are likely to use, child protection services. This program is provided by the Kanggarendi Team within Families SA and the Nanko-Walun Porlar Nomawi within the Child and Adolescent Mental Health Service. Episodes of service have remained high with approximately 1500 episodes of contact with families each quarter. Whilst difficult to provide figures (because some families self-refer into this service) the renotification of families in this program to child protection services has remained low.

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*page 5*
The life expectancy of females and males at birth in 2013 in South Australia was 84.3 years and 80.0 years respectively [20].

From July 2012 to June 2014, there were approximately 1.4 million ADMISSIONS in South Australian public and private HOSPITALS [17].

There were nearly 97,000 potentially preventable hospital admissions*, comprising chronic conditions (47.9%), acute conditions (47.1%), and vaccine preventable conditions (4.9%) [23].

*Potentially preventable hospital admissions are classified from a selected range defined by the Australian National Health Performance Authority (ANHPA) where hospitalisation is considered to be largely preventable if timely and adequate care were provided through population health services, primary care and outpatient services [18]. The ANHPA coding excludes many conditions that are preventable, but it is useful in understanding some of the impact of avoidable ill health.

CANCER now tops the list in the CAUSES OF DEATH.

Top 10 causes of death in South Australia in 2012 [20] were:
1. Malignant neoplasms (cancers)
2. Ischaemic heart diseases
3. Cerebrovascular diseases (e.g. stroke)
4. Mental disorders
5. Other forms of heart disease
6. Chronic lower respiratory diseases
7. Diabetes mellitus
8. Other degenerative diseases of the nervous system (e.g. dementia)
9. Other external causes of accidental injury
10. Influenza and pneumonia

In 2010, ALZHEIMER’S DISEASE and DIABETES entered the TOP TEN of causes of years of life lost in Australia for the first time.

The top 10 causes of years of life lost in 2010 for Australia is shown below [21].

<table>
<thead>
<tr>
<th>2010 Ranking</th>
<th>1990 ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ischemic heart disease</td>
<td>1</td>
</tr>
<tr>
<td>2. Lung Cancer</td>
<td>4</td>
</tr>
<tr>
<td>3. Stroke</td>
<td>2</td>
</tr>
<tr>
<td>4. Colorectal Cancer</td>
<td>7</td>
</tr>
<tr>
<td>5. Self-harm</td>
<td>5</td>
</tr>
<tr>
<td>6. Road injury</td>
<td>3</td>
</tr>
<tr>
<td>7. Chronic Obstructive Pulmonary Disease</td>
<td>6</td>
</tr>
<tr>
<td>8. Breast cancer</td>
<td>9</td>
</tr>
<tr>
<td>9. Alzheimer’s disease</td>
<td>26</td>
</tr>
<tr>
<td>10. Diabetes</td>
<td>11</td>
</tr>
</tbody>
</table>

DIETARY RISKS and being OVERWEIGHT top the risk factors accounting for the Australian disease burden.

Overall, the top 5 risk factors that account for the most disease burden in Australia are dietary risks, high body-mass index, smoking, high blood pressure and alcohol and drug use [21].

Did you know!

Dementia is the third leading cause of death in Australia (the second leading cause in women) and there is no cure [22].
Various behavioural, biomedical and social risk factors and determinants have been associated with a number of the conditions that contribute to the majority of the disease conditions in South Australia [25].

The relationship between these risk factors, conditions and determinants is complex. Risk factors do not necessarily operate independently but may have a combined or cumulative impact, for example: low levels of physical activity is linked with obesity, obesity is a risk factor for diabetes, which is a risk factor for cardiovascular disease, together with hypertension.

NEARLY 22% of South Australian adults reported having HIGH BLOOD PRESSURE (hypertension) [10].

People residing in rural South Australia (23.3%), people who were 70 years and over (57.8%) and people who lived in the low SEIFA quintile (23.5%) were more likely to report hypertension.

JUST OVER 18% of South Australian adults reported having HIGH CHOLESTEROL [10].

Adults aged 50 to 69 years (27.6%) and 70 years and over (42.0%) and people living in the lowest (20.8%) and low (20.4%) SEIFA quintiles were more likely to report high cholesterol.

In 2010, NEARLY 15% of South Australians had USED AN ILLICIT DRUG in the previous 12 months.

The most common illicit drug used was cannabis, followed by ecstasy and pain killers/analgesics (for non-medical purposes). Methamphetamine was used by less than 3% of South Australians [27].

Illicit drug use can lead to disproportionately high levels of health and social harms. Illicit drugs can have dangerous health impacts and can significantly contribute to road accidents and violent incidents, social dysfunction and crime [28].

SMOKING prevalence has INCREASED since 2012.

Despite a decreasing trend over the past 11 years, smoking prevalence rose to 19.4% in 2013 from 16.7% in 2012 in South Australians aged 15 years and over [26].

Around 1 in 5 South Australians aged 15 years and over report being at risk of alcohol related harm over their lifetime.

There is increasing recognition of the burden of alcohol intoxication in terms of health and social issues [26].
Over 6 out of every 10 adults in South Australia are overweight and/or obese [23]. In 2011/12, South Australia had the HIGHEST PREVALENCE of overweight/obesity compared to other states and territories (65.7%) and this has increased since 2007/08 (60.9%). The comparable Australian rate was 62.7% [29].

OVER ONE QUARTER of our CHILDREN are an UNHEALTHY WEIGHT [10].

The proportion of South Australian children aged 5 to 17 years who were reported as being an unhealthy weight for the period July 2012 to June 2014 was 26.7% [10].

Around 1 in 5 South Australians ADULTS reported CONSUMING FAST FOOD at least ONCE PER WEEK [10]. Males were more likely to consume fast food once per week compared to females, as were people who lived in metropolitan Adelaide and those who live in the lowest SEIFA areas [10].

WALKING is the most popular physical activity of South Australians. In 2013, 81% of South Australians reported they had walked continuously for at least 10 minutes in the past week [30].

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A South Australian Public Health Highlight

Nature Play SA

The South Australian Government, through the Department of Environment, Water and Natural Resources in partnership with SA Health, the Department for Education and Child Development and the Adelaide and Mount Lofty Ranges Natural Resources Management Board, has provided support to establish Nature Play SA to increase the time children spend in unstructured play outdoors and in nature. Nature Play SA was launched by the South Australian Government under the Nature Play Australia banner on 26 February 2014. Nature Play SA Inc is an incorporated not-for-profit association whose primary role is to spread the nature play message and to work to increase access to nature play resources, events and programs.
Chronic Diseases

Chronic diseases are mostly characterised by complex causality, multiple risk factors, long latency periods, a prolonged course of illness, functional impairment or disability. Many chronic diseases are preventable, or react more favourably in terms of management and medical treatment in those persons who adopt healthy behaviours, such as controlling body weight, eating nutritious foods, avoiding tobacco use, and increasing physical activity [32].

Overall, 7.6% of South Australian adults reported having cardiovascular disease [10].

Males (9.3%) and people aged 70 years and over (27.4%) were more likely to report cardiovascular disease [10].

ONE in THREE South Australians will be DIAGNOSED WITH CANCER at some time during their lives [33].

Prostate cancer was the most commonly reported cancer in males, accounting for 31.6% of all cancers, while breast cancer was the most commonly reported cancer in females (28.3%). Lung cancer remains the leading cause of cancer death in all South Australians (20.2%) [33].

Cancer is a disease predominately affecting the older population with those aged 0 to 4 years of age accounting for 6.8% of cancers, those aged 45 to 64 years accounting for 33.9% of cancers, and those aged 65 years and over accounting for 59.3% of cancers [33].

A Focus on Improving Aboriginal Health and Wellbeing

The Aboriginal Well Women’s Screening Program aims to reduce morbidity and deaths from cervical cancer by encouraging women in the target population to have regular well women’s checks.

This is achieved by:

> Developing and distributing Aboriginal specific resources across all relevant age groups
> Improving management of screen detected abnormalities
> Increasing the provision of health promotion and education activities in remote, rural and metropolitan regions
> Providing advice at national, state and local levels
> Identifying current issues that affect communities in relation to promoting stronger, healthier women for all generations, and
> Engaging in research partnerships, e.g. with the South Australian Health and Medical Research Institute, Royal Flying Doctor Service and the University of South Australia

The Aboriginal Well Women’s Screening Program is currently working towards the inclusion of an Aboriginal identifier on South Australian pathology forms.
Chronic Diseases continued

Did you know!
In the 2013-2014 financial year, there were 74,983 screening mammograms performed by BreastScreen SA.

Nearly 1 in 5
South Australian adults aged over 70 years reported having DIABETES [10].
The proportion of South Australian adults reporting diabetes has increased by 40% from 2002/03 (6.0%) to 2013/14 (8.5%) [10].

Just over 1 in 10
South Australian adults reported having ASTHMA [10],
The proportion of South Australian adults aged 18 years and over reporting asthma for the period July 2012 to June 2014 was 13.6% [10].

The proportion of South Australian adults reporting CHRONIC OBSTRUCTIVE PULMONARY DISEASE has DECREASED [10].
The proportion of South Australian adults aged 18 years and over who reported having chronic obstructive pulmonary disease has decreased by 36% from 2004/05 (5.9%) to 2013/14 (3.8%).

A South Australian Public Health Highlight
Strength for Life
In South Australia in 2013 there were more than 11,000 admissions to public hospitals for people aged 55 years or more who had fallen in their homes. This represented nearly 85,000 bed days. Additional to this are the costs associated with ongoing rehabilitation and care and that some older adults never return to independent living after a fall. Some of these patients remain in hospital for extended periods whilst nursing home placements are found.

Over the ten years that Strength for Life has been operating:
> more than 10,500 adults aged 55+ years have enrolled in the state-wide program
> more than 700 fitness workers have been trained to deliver this program.

Strength for Life is currently available in 78 gyms or fitness facilities (55 metro and 22 regional). This includes 29 sites supported by local councils.
> Latest surveys of participants show 95% reported their balance, strength and mobility have improved as a result of the Strength for Life program.
Oral health

Between July 2012 and June 2014, a total of 12,037 South Australians were admitted to hospital for acute preventable dental conditions, making dental conditions the leading cause of potentially preventable hospitalisations.

Young children have the highest rates of preventable hospitalisation due to dental conditions [23].

In Australia, 42% of 6 year old children and 45% of 12 year olds experience some tooth decay [34]. The burden of poor oral health is not evenly distributed across the population with Aboriginal children experiencing more than 50% tooth decay than non-Aboriginal children [34].

Mental health

Mental health and illness has been cited as a common public health issue in South Australian Regional Public Health Plans. Mental health and illness issues range from population wellbeing and social connectedness, the increasing prevalence of mental illness in communities and access to services (such as emergency care, support services, housing, and transport), promotion and prevention strategies such as suicide prevention.

Almost one in five South Australian adults reported having a mental health problem [10].

The proportion of adults 18 years and over who reported a mental health problem has increased almost 30% from 13.6% in 2002/03 to 17.5% in 2013/14 [10].

Around one in ten South Australian adults reported psychological distress from July 2012 to June 2014 [10].

Adults who were more likely to report psychological distress were females and those residing in the metropolitan area, younger adults (18-29 and 30-49 years) and those living in the lowest SEIFA areas [10].
Infectious diseases

Notifications for **GENITAL CHLAMYDIA** have **INCREASED** nearly **FOURFOLD** over 12 years and gonorrhoea has risen **3½ fold** [37].

**Sexual health and wellbeing is a significant public health issue of importance to the whole population. Young people have been identified as a priority in a number of national and state strategies [37].**

**Sexually transmitted infections, including newly diagnosed cases of chlamydia and gonorrhoea have been steadily increasing in South Australia, as they have been nationally. Genital chlamydia is the most commonly notified sexually transmitted infection in South Australia [37].**

### In 2013, 61 CASES of newly acquired HEPATITIS C and 464 cases of unspecified HEPATITIS C were notified in South Australia.

- There has been a 9% decrease in unspecified hepatitis C notifications from 2009 (510) to 2013 (464).
- The primary risk factor for transmission is injecting drug use, followed by imprisonment and tattoos.

The Australian national notifiable diseases case definitions divides Hepatitis B and C notification data into newly acquired and ‘unspecified’ [38] with the latter category considered to contain the majority of chronic infections and therefore individuals at high risk of liver cancer.

- The estimated number of people living in Australia with moderate to severe liver disease has more than doubled (115% increase) over the past 10 years.
- Chronic hepatitis B infection and chronic hepatitis C infection was the underlying cause of liver disease in 8 (3.6%) and 67 (30.2%) of 222 liver transplants in 2013 [39]

### Did you know!

The South Australian Sexually Transmissible Infections (STI) Action Plan 2012 – 2015 was developed to respond to the rising rates of sexually transmissible infections in South Australia, particularly among young people. Young Aboriginal people face additional barriers to sexual health service access, including concerns about privacy; issues of shame; English literacy issues; culturally inappropriate service delivery and distance to services.

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- **Chronic hepatitis B infection and chronic hepatitis C infection was the underlying cause of liver disease in 8 (3.6%) and 67 (30.2%) of 222 liver transplants in 2013 [39]**

### Did you know!

**EIGHT CASES** of newly acquired HEPATITIS B infection and **285 CASES** of unspecified HEPATITIS B infection were notified in 2013.

This is a decrease from 17 and 326 notifications, respectively in 2012. Hepatitis B is a significant health issue for all Australians, particularly among Aboriginal people and people born in countries where infection is prevalent. Hepatitis B is transmitted by contaminated blood or body fluids via vertical transmission, puncture of the skin or mucosal exposure.
The **INJURY BURDEN** in Australia is dominated by intentional **SELF-HARM, ROAD TRAFFIC ACCIDENTS** and **ACCIDENTAL FALLS** [21].

Injury is a leading cause of mortality, morbidity and permanent disability that affects the quality of life of injured people and their families in Australia. Injury has a major, but often preventable, impact on Australia’s health. It affects Australians of all ages and leaves many with serious and sometimes long term disability.

**Did you know!**

Of the South Australian drivers/riders and passengers killed in 2013 [40].

- 31% were not wearing a seatbelt at the time of the crash
- 25% of drivers/riders had an illegal blood alcohol concentration and around three quarters of these people were more than three times over the legal limit.
- 18% of drivers/riders killed tested positive for the presence of cannabis, methamphetamine or ecstasy or a combination of these drugs.
- In 26% of fatal crashes speeding was considered a contributing factor.

**Did you know!**

Swimming pool fences have been legislated in South Australia since 1972. From 1 January 2014 amendments to the Development Regulations 2008 require councils to inspect all new pools for compliance. As well as a properly maintained pool fence and gate, deaths could be prevented by close, constant and focused supervision, development of water awareness and resuscitation skills.

A total of **28 PEOPLE DROWNED** in South Australia over the two year period July 2012 to end June 2014 [41, 42].

More males drowned than females and more deaths by drowning occurred in inland waterways than beach locations. Most drowning of 0 to 4 year old children within Australia occur in private backyard swimming pools.

**Nearly ONE QUARTER** of South Australian adults reported having a **DISABILITY** in 2013/14 [10].

The proportion of South Australian adults aged 18 years and over reporting a disability has remained relatively stable over time fluctuating between 19.9% in 2006/07 to 23.4% in 2013/14 [10].
There are **31 REGIONAL PUBLIC HEALTH PLANS** in various stages of development being prepared by Local Councils. Together with the first State Plan, Regional Public Health Plans are at the beginning of the development of a long term, statewide, systematised planning, evaluation and reporting process.

**Over 90% of South Australian children are FULLY IMMUNISED** [43]. The proportion of South Australian Aboriginal children fully immunised aged between 12-15 months (79.7%), 24-27 months (85.8%) and 60-63 months (86.8%) was below the national average for all age groups [42].

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**A South Australian Public Health Highlight**

**Climate adaptation action**

Climate adaptation action in South Australia has developed since 2007 as a state-wide collaborative approach, underpinned by regional partnerships, that has brought diverse sectors and the community together to address the risks associated with a changing climate. The development of regional adaptation plans are currently driven by Local Government, Natural Resource Management boards and Regional Development Australia committees. These key stakeholders are integral in the regional adaptation process, and represent the triple bottom line for identifying impacts and developing a response.

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**A Focus on Improving Aboriginal Health and Wellbeing**

As part of South Australia’s commitment to Closing the Gap in Indigenous Health Outcomes, SA Health coordinates the Aboriginal Environmental Health Worker Program in partnership with Aboriginal Community Controlled Health Organisations. The Program provides funding for employment of Aboriginal Environmental Health Workers in rural and remote regions of South Australia (West Coast, Apang Angu Pitjantjatjara Yankunytjara Lands, Port Augusta and Coober Pedy), with ongoing support and mentoring from SA Health staff. All workers funded by the Program are Aboriginal people employed by their local Aboriginal Community Controlled Health Organisations.
In South Australia there are around **120 investigations** of **non-compliance** with food standards investigated and between **20-30 FOOD SAFETY RECALLS** actioned every year.

In addition there are approximately 135 food safety audits of hospitals and food processors and 33 rain water risk management plan audits across vulnerable facilities such as hospitals, and childcare.

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**Did you know!**

Ross River virus and Barmah Forest virus are endemic in many parts of South Australia. These viruses are spread from animals to humans by mosquitoes and infection can result in flu-like symptoms, headache, muscle aches and swelling and pain and stiffness of the joints. Occasionally, large outbreaks of disease caused by these viruses occur in South Australia. A revised Fight the Bite arbovirus personal protection prevention campaign was launched in December 2013. New resources including brochures, posters, drink coasters and insulated drink holders have been distributed to the community to ensure the message to protect themselves from mosquito borne disease.

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Addressing risk factors

**REDUCING the prevalence of SMOKING**

In August 2013, the Smoke-Free Outdoor Eating and Drinking Areas discussion paper was released. Forty five submissions were received. The majority of submissions supported introducing smoke-free outdoor eating areas at hospitality venues. In May 2014, the Minister for Health announced the introduction of smoke-free outdoor eating areas in restaurants, pubs and clubs from 1 July 2016. After July 2016, smoking will only be allowed in outdoor drinking areas where food is not served.
The Late Night Trading Code of Practice (Late Night Code) came into operation on 1 October 2013. The aim of the Late Night Code is to encourage a culture of responsible service and consumption of alcohol, to minimise the social and economic harm caused by excessive alcohol consumption, and to reduce the level of alcohol-related violence that occurs in or in the vicinity of licensed premises. In particular, venues are now not able to accept new patrons after 3am, or allow re-entry of patrons who leave.

The introduction of the late night code has contributed to a 20% reduction in alcohol related crime in the CBD, and a 29% reduction in early morning alcohol related presentations to the Royal Adelaide Hospital emergency department.

Drug and Alcohol SA continued to work with the Drug and Alcohol Office Western Australia, the Aboriginal Health Council of South Australia and the Aboriginal Drug and Alcohol Council SA in the delivery of the ‘Strong Spirit Strong Mind’ Certificate III in Alcohol and Drugs for Aboriginal Health Workers in South Australia. This program is part of the National Indigenous Alcohol and Other Drug Worker Training Program. The program is offered to Aboriginal workers who work in the community within alcohol and other drug areas to equip them with the skills to work effectively and in a culturally secure manner in Aboriginal communities. A key focus of the training is the practical on-the-job component to support workers in their day-to-day work.

The Clean Needle Program

The Clean Needle Program is an important public health initiative to reduce the spread of blood borne viruses, including hepatitis B, hepatitis C and HIV. The program aims to increase access to sterile injecting and disposal equipment, education about safer injecting and referrals to primary health care and other harm reduction services amongst people who inject drugs. The Clean Needle Program operates from a diverse range of sites including Non-Government Organisations, pharmacies, rural hospital emergency departments (providing after hours access), and outreach services (e.g. for at-risk groups).

At 30th June 2014, there were 83 community (free) Clean Needle Program sites (27 metropolitan and 56 rural sites) and 202 pharmacy Clean Needle Program sites in South Australia. Seven Clean Needle Program sites target priority populations including Aboriginal people, young people, homeless, the Vietnamese community and sex workers.

From July 2013 to June 2014, **2,987,753 syringes** were distributed as part of the Clean Needle Program. It is estimated that for every dollar invested in the Clean Needle Program, **more than five dollars is returned in health care costs** savings by preventing life threatening infections [44].
Community Foodies

Community Foodies is a volunteer lead program that delivers services to disadvantaged adults to help them increase their knowledge and skills around health eating. It focuses on four key messages: eat plenty of fruit and vegetables; drink (tap) water rather than sugary drinks; eat more whole foods and enjoy breakfast every day. In early 2014 the management of Community Foodies was contracted to UnitingCare Wesley Bowden for three years. To ensure state-wide reach it is delivering the program with the support of ac.care and UnitingCare Wesley Country SA. UnitingCare Wesley Bowden will work towards having Community Foodies services available in four metropolitan and eight regional centres.

Healthy Workers

Healthy Futures Initiative

The Healthy Workers – Healthy Futures initiative delivers on the State Election commitment of $2 MILLION over four years to address men's health.

Building on the work commenced with Commonwealth funding, SA Health is partnering with male dominated industries to address the chronic disease risk factors of smoking, nutrition, alcohol and physical activity. Using the workplace as a setting enables men who would otherwise not access the health system. There are significant benefits for business too as a healthy workplace can also increase productivity and staff retention, reduce sick leave and improve staff morale.

Examples of early outcomes include: the development of a model ‘Healthy Workplace’ clause for Enterprise Bargaining Agreements, incorporation of workplace health modules into Workplace Health and Safety representative training; suggestions for healthy catering and canteens; onsite bike racks; staff wellbeing and smoke-free policies.

A Focus on Improving Aboriginal Health and Wellbeing

OPAL sites built trust with Aboriginal communities through a range of strategies including supporting Aboriginal Family Fun Days (e.g. Coorong, West Torrens, Port Augusta, Marion) and NAIDOC (National Aboriginal and Islander Day Observance Committee) week activities, providing an OPAL and Natural Resources Management Edible School Garden Grant to Raukkan Aboriginal School and establishing the Ngaityu Wardli (My Home) Healthy Eating and Physical Activity Program for Aboriginal Children.

OPAL in Port Augusta worked with the Aboriginal communities and families, initiating and delivering training to establish a group of Aboriginal Community Foodies. OPAL, Aboriginal Community Foodies together with Carlton K-9 School worked to support healthy and budget friendly changes to the Carlton School Tuckshop resulting in significantly healthier options for children to eat. Parents and students now prepare healthy lunch and snack options.

> 100% of students purchase food from the tuckshop everyday providing healthier options to students daily
> The tuckshop is now a sustainable entity as it pays for itself and continues to operate

The tuckshop and two parents who volunteer as part of the Aboriginal Community Foodies received a NAIDOC week award.

OPAL – The South Australian Obesity Prevention and Lifestyle Program

OPAL is a community based, childhood obesity prevention initiative supported by state and local government and situated in 19 South Australian Councils.

OPAL supports children and their families to eat well and to be active. OPAL targets regions of disadvantage and impacts on over 400,000 residents or 25% of the state's population.

An extensive evaluation of the OPAL program is currently underway but some indicators of success include:

> 108 new drinking fountains to removing the barrier to drinking water as the drink of first choice
> 75 healthy eating and activity policy changes ensuring long term healthy supportive environments are created
> 394 new community and residential edible gardens
> 340% increase in fruit and vegetable sales in one retail outlet
> 650% increase in fresh meat sales in one retail outlet
> 20% increase in healthy breakfast items sales in one retail outlet

The learnings and tools developed to achieve these outcomes are being made available for broader uptake across all 68 councils across the state. Several councils have also funded designated health positions to continue to implement OPAL at the scheduled conclusion of state funding.


44. National Centre in HIV Epidemiology and Clinical Research, *Return on investment 2: evaluating the cost-effectiveness of needle and syringe programs in Australia 2009. 2009, The University of New South Wales*
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PUBLIC - I2-A1