

# Our LANA Journey

The Southern Adelaide Local Health Network (SALHN) has completed a Local Area Needs Assessment (LANA) to help identify the health needs and priorities of the communities we serve.

The LANA is based on population and health service data. It also reflects what we heard from staff, community, health partners, and various agencies through our consultations.

All health and service needs are important. While a range of evidence and different perspectives were considered as part of this process, the LANA may not capture every individual need or priority.

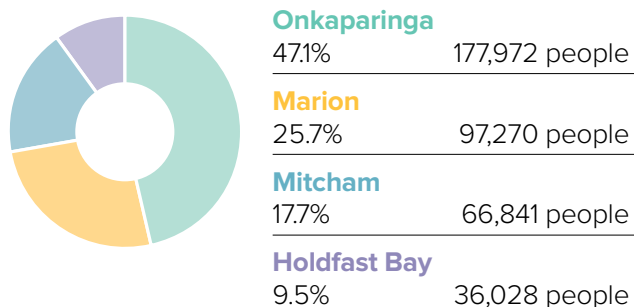
The LANA will help to guide our decision making around our services; how we allocate resources, find opportunities for improvement, and seek investment.

Thank you to everyone who contributed to this important work and we look forward to continuing our work together to improve health and wellbeing in the south.

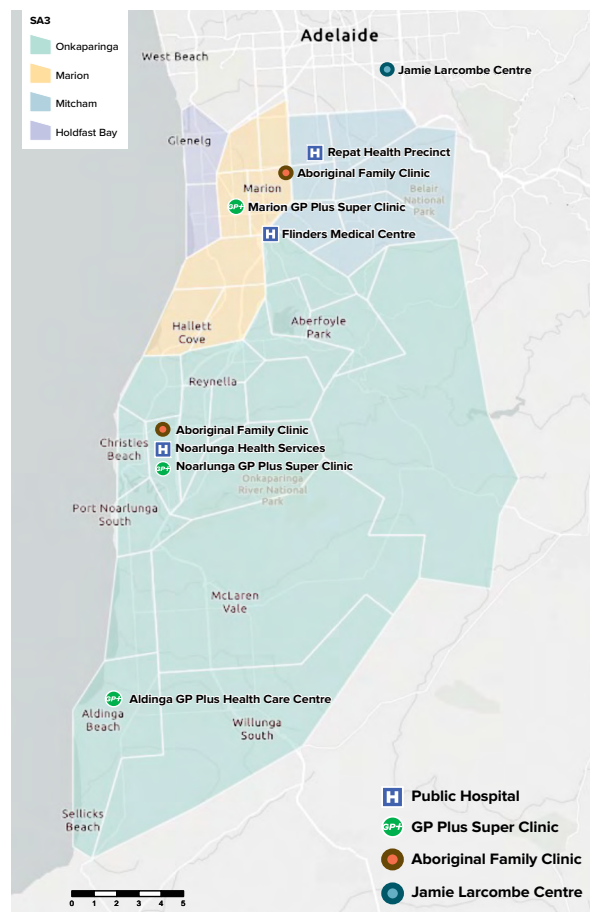
## THE SOUTHERN COMMUNITY AT A GLANCE

As of 2021, the southern Adelaide community is home to around 378,111 people, accounting for 21% of SA's total population.

This population is divided between the council areas as follows:



The population distribution within southern Adelaide is expected to remain similar to the above through to 2036.



## SOME KEY FACTS ABOUT THE SOUTHERN ADELAIDE REGION

**5297 residents** are Aboriginal and/or Torres Strait Islander.

**27% of residents** were born in a country other than Australia, and come from more than 50 countries.

**Onkaparinga** has the highest number of veterans (4937) in all of metropolitan Adelaide.

The **age profile** of southern Adelaide is similar to, though slightly older than, SA:

AGE	0-14	15-24	25-64	65+
SOUTHERN ADELAIDE	17.0%	11.7%	51.1%	20.1%
SOUTH AUSTRALIA	17.3%	11.8%	51.3%	19.6%

**Over the next 15 years**, the population of southern Adelaide is projected to grow by 10.2%, adding 38,648 people and reaching a total of approximately 416,759 by 2036.

**By 2036**, southern Adelaide will comprise about 19.9% of SA's total population.

**Population growth** in the region is mainly driven by those aged 65 and above, accounting for 58.3% (22,537 people) of the growth, compared to 47.0% for SA.

# Southern community health statistics



Onkaparinga has a median age at death of 81 years, which is slightly lower than the SA median age of 82 years. All other regions report higher figures: Holdfast Bay (85 years), Marion (85 years), and Mitcham (86 years).

Leading causes of death across southern Adelaide: dementia (including Alzheimer's disease), coronary heart disease, and cerebrovascular disease.

Depending on the local area, Aboriginal people within southern Adelaide have a median life expectancy of 55 - 61 years, 57 - 77 for females and 45 - 58 males.

## ADULTS

**The conditions impacting the greatest number of people in the southern Adelaide region include:**

Arthritis	38,817 people
Mental health	37,636 people
Any other long-term conditions	32,540 people
Asthma	30,957 people
Diabetes (excluding gestational)	20,036 people
Heart disease	17,849 people

Generally, rates of cancer in the southern Adelaide region are higher than the state average.

The number of people with asthma and lung conditions in the Onkaparinga council area (including COPD and emphysema) exceed that of SA.

**The average number of times a person in the southern region attended a GP in 2021-2022:**

Onkaparinga	7.1 times
Marion	6.6 times
Mitcham	6.6 times
Holdfast Bay	6.9 times
<b>SOUTH AUSTRALIA</b>	<b>6.9 times</b>

Residents of southern Adelaide present to the ED at a rate of 326.2 presentations per 1,000 people, which is lower than the SA rate of 353.4 presentations per 1,000.

However, residents aged 0-4 and 85+ present to the ED at the highest rates of 740.0 and 737.9 presentations per 1,000 people, respectively.

## CHILDREN

All children and Aboriginal children aged 0 - 14 years within the Onkaparinga region have a higher prevalence of asthma, mental health conditions (including depression and anxiety), and long-term health conditions, compared to SA.

Mitcham (94.9%) and Onkaparinga (95.8%) fell slightly below the SA rate (96.2%) for child immunisation at five years of age, with Onkaparinga also demonstrating a lower rate for children aged one year. Holdfast Bay and Marion have higher rates of child immunisation across all age groups compared with SA.

Immunisation rates for Aboriginal children at one, two, and five years of age in the southern Adelaide region consistently surpass the SA rate.

Aboriginal children have a higher prevalence of mental health conditions compared to all children.

## VETERANS

More than half of veterans who reside in the southern region and were counted in the 2021 census reported a long-term health condition (57%).



# What we heard from the southern Adelaide community



**715 people** in the southern Adelaide community completed the online survey and



**174 people** attended face-to-face sessions to contribute their feedback, thoughts and ideas.

These are some of the themes we heard and the needs of the southern Adelaide community. You can read the full report on the SALHN website.

## Local health promotion, prevention, and wellbeing

- models of care that empower consumers to self-manage their health.
- services aimed at preventing ill health, rather than responding to crises.
- investment in screening for diseases and preventative programs aimed at fostering healthy behaviours.
- practical and emotional carer supports, including more flexible respite options.

## Access to affordable and timely care

- GPs who take time, consider holistic health, and are able to co-ordinate care.
- a range of allied health services to meet health and wellbeing needs in the community.
- community supports, which are crucial for wellness and to reduce hospital reliance.
- affordable care; affordable GP visits, ambulance costs, specialist visits, medications, and oral health care.

## Hospital services that are timely and accessible

- services that are not funded on a temporary basis, as this leads to loss of access once funding ends.
- removing physical barriers such as lack of transportation, geographical limitations, and environmental access issues for people with disabilities or vision impairments.
- removing system barriers including services not being available after hours, long wait lists, ambulance delays, and lack of communication.

## Integrated healthcare services

- more supports to assist people in accessing services, noting that navigating healthcare systems was frequently overwhelming and challenging.
- services to improve how they share knowledge and information with each other, working cohesively to ensure continuity of care.
- consistency between the range of different systems used by different services.
- additional support for GPs in navigating and communicating with the public health system.
- assistance in navigating services for people with language barriers, lower health literacy, and difficulties navigating unfamiliar systems.
- community hub-style services for integrated cross-specialty care, centralised access to diagnostics, improved care coordination, and easier facility access.

## Person, family, and carer-centred healthcare with a focus on diversity, equity, and inclusion

- care that is culturally sensitive, person, family and carer-centred, and that supports lived experience involvement in services.
- interpreters (rather than relying on family members).
- further training for staff to improve cultural sensitivity.
- a diverse workforce.
- acknowledgement by healthcare professionals of the expertise of carers (both family members and paid carers).
- mutual respect and being listened to.

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## Aboriginal peoples' health and wellbeing

- **Storylines of strength that highlighted:**
  - Eldership as a foundation for sharing perspectives, experiences, and wisdom;
  - the benefit of collective ways; and
  - the importance of health promotion and prevention initiatives.
- **Storylines of hope for:**
  - workforce development and appropriate models of care, that include Aboriginal health practitioner led hospital-based models.
  - career pathways for young Aboriginal people and for retaining Aboriginal staff.
- the prioritisation of Aboriginal healing processes and spaces in infrastructure investments.
- increased consideration of the social and cultural determinants of health.
- learning from successful and unsuccessful care pathways by focusing on access to care, inpatient assessment, referrals, discharge planning, and follow-up care.

## Mental health services

- an increase in mental health services, with increasing community demand, especially for specific populations like youth, veterans, and older people, requiring appropriately trained professionals and lived-experience workers.
- community-based and sub-acute services to bridge the gap between acute settings and community support, with the potential to reduce emergency mental health presentations.
- self-care behaviours, such as exercise and mindfulness-based activities, for their mental health and wellbeing.

## Supporting ageing in the most appropriate place

- more in-home services and long-term care options.
- quality aged care, with the preference for many to stay at home as long as possible.

## Technology-ready services

- virtual care models and other technology to improve healthcare access and delivery.
- investment in technology, providing that consumers are informed about data protection and have access to non-technology options.

## Availability and capability of skilled workforce

- healthcare professionals to be trained in working with diverse and vulnerable populations to ensure dignity in care.
- a diverse, skilled and empathetic workforce, including people with lived experience.
- stability in the workforce to ensure service availability, and avoid long wait lists and delays.

# Next steps

## What happens now?

The LANA has already helped to shape the plans for individual clinical services, and our overarching plan for health services at SALHN.

As we look to the future, the LANA will continue to inform our decision making around investment priorities, future service development and partnership opportunities.

## Find out more:

[www.sahealth.sa.gov.au/SALHN](http://www.sahealth.sa.gov.au/SALHN)

