South Australia: A Better Place to Live

Promoting and protecting our community’s health and wellbeing 2013
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I am pleased to present you with South Australia’s first State Public Health Plan. This Plan recognises that our health is not simply determined by the medical care we receive but by a range of other influences. It underlines the need for knowledge and skills to be shared and the need for state and local government to work in partnership with communities, businesses and non-government organisations.

We are more likely to lead healthy lives when our basic needs are met, when we feel safe and are connected to our neighbours. It is also crucial that our voices are heard, and that we have the information to participate in the life of our communities. Our neighbourhoods need to be easy to walk in and they must provide space for physical activity. Above all, we want people to help one another and work together, to be resilient, even in the face of danger and hardship.

The review of public health legislation began with cross-party support, and has been undertaken by several governments, from 2000 to the present. I stand in a line of Ministers who have made this legislation possible, and I would like to thank all of those involved and, especially, the SA Health staff for their dedication to this project.

This State Public Health Plan will coordinate the actions of all of the groups involved in health and wellbeing. This means we can combine our strengths and focus our efforts to the benefit of all South Australians.

Hon. Jack Snelling M.P.
Minister for Health and Ageing
Minister for Mental Health and Substance Abuse
A Message from the Chief Public Health Officer

Public health is a shared issue and a shared concern. The scope of public health concerns include: how we collectively protect our health, how we maintain our health and how we improve our health. Public health recognises that health is not just a matter of personal choices or individual circumstances. The health of any one of us can affect all of us and is bound up in the way we live our lives, the opportunities we have available to us and the ways in which our communities function. The SA Public Health Act (s. 56) establishes a general duty to ensure that we all take reasonable steps not to harm public health. This underscores that all of us, individually and together, are responsible for ensuring the public’s health.

Public health contributes to our overall community wellbeing and progress as a state. Public health is impacted by many different social, economic and environmental factors, but it is also important to recognise that effective public health services and strategies underpin community wellbeing and community prosperity. Therefore, this Plan is based on an integrated approach to achieving common goals and does not emphasise public health as a separate area of action. There is much talk these days about the dangers of decision-makers working in government or other institutions thinking and working in separate silos. Taking effective public health action requires action that cuts across these silos and joins up solutions to protect and promote health.

Public health touches on and is influenced by many different social, economic and environmental factors. Therefore, public health action operates best when it functions collaboratively with a wide range of other sectors, partners and stakeholders. Key features of the SA Public Health Act are collaborative partnerships between the State Government (through the Minister for Health and Ageing, SA Health and the Chief Public Health Officer) and Local Government. The SA Public Health Act also recognises a specific role for the Local Government Association (LGA) in ensuring effective consultation and collaboration with Local Councils.

The SA Public Health Act establishes a formal mechanism for identifying and including Public Health Partner Authorities within public health planning. These can be other state government departments and agencies, other parts of the healthcare system or non-government organisations. While South Australia already has good examples for collaboration and coordination, this new scheme will allow for the development of sustainable relationships and more robust coordination mechanisms, particularly between State and Local Governments.

Public health in the 21st century requires us to focus on enduring public health issues and concerns such as strong environmental health protection measures and effective control of infectious disease. It also requires us to face new challenges affecting our health that arise out of the way our communities are organised and the available choices we have to make. This Plan is designed to meet these enduring and new challenges. The focus of this Plan is a focus on prevention; it is a focus on seeking out underlying causes and determinants of our health and taking action to address them. It is also focused on building capacity to ensure that we are able to continue to respond to public health challenges – the ones we know about and the ones we are yet to be confronted by.

Because this is the first Plan, it comes at the beginning of Local Councils developing their own public health planning responses under the SA Public Health Act. It is recommended that Councils develop and submit their plans to the Chief Public Health Officer by the end of 2013 and provide their first biennial progress report after 2014. SA Public Health Act provides for the Plan to be amended by the Minister at any time. In order to ensure that this first State Public Health Plan remains current, and informed by and informative to, The SA Public Health Actions of Local Councils, the development of local plans will be closely monitored. At the end of the two year period it may be necessary to revise the Plan to better align with the developing capacity and clarity of public health planning in Local Government.

Dr Stephen Christley
Chief Public Health Officer
MB.BS (Hons) University of Sydney (Oct.78)
DPH University of Sydney (1996)
Executive Summary

This is the first State Public Health Plan (the Plan) under the SA Public Health Act. It therefore has some unique tasks to undertake. Specifically, its aim is to build the system and networks that will support public health planning and coordinated action into the future. It lays out the framework for action to protect and improve the health and wellbeing of South Australians across the state, including action by Local Councils.

The Plan is described within the context of the changed and growing understanding of what impacts on public health in the 21st century. It canvasses the principal public health legislation and highlights the principles on which public health planning is based. In particular it highlights the concepts of collaboration and prevention to be of central concern. The Plan also brings focus to the provision in the SA Public Health Act that ensures that the needs of vulnerable populations are addressed in public health planning, with a particular focus on the needs of Aboriginal people.

The Plan’s vision is for:

South Australia: a Better Place to Live.

Supporting this vision are four strategic priorities:

> Stronger and Healthier Communities and Neighbourhoods for All Generations
> Increasing Opportunities for Healthy Living, Healthy Eating and Being Active
> Preparing for Climate Change
> Sustaining and Improving Public and Environmental Health Protection.

The Plan has been developed within the context of implementing the planning system contained in Sections 50–52 of the SA Public Health Act. It provides a picture of ‘who does what’ in terms of action public health issues and on the determinants of health, with a particular focus on spheres of government, including the role of the health system and the important role of Local Councils.

The SA Public Health Act identifies Local Councils as the local public health authority for their areas. This means that Councils are in the best position to lead and coordinate public health planning for their communities. It does not mean that Councils are responsible for every issue affecting their community identified in a plan. Public Health Partner Authorities identified under the Act (SA Health, other relevant State Government agencies and identified non-government organisations) will participate in planning processes led by Local Councils. These Public Health Partner Authorities agree to share the responsibility for implementing relevant aspects of public health plans.

Congruent with the SA Public Health Act, the Plan includes other plans or strategies, identified by the Minister as appropriate, to be considered in relation to public health planning. It also provides for canvassing the range of issues that will be identified by Local Councils from their own assessment of the public health of their communities.

The tasks in establishing and building a system of public health planning require the:

> strengthening of collaborative efforts
> reinforcing of coordinating processes
> development of opportunities to improve communication and common understanding across spheres of government and other sectors
> identification of opportunities for integration of public health issues within other policy priorities
> development and strengthening of capacity within and between State and Local Governments embedding of community participation processes in the identification of public health issues and the formulation of responses, and;
> building of basic mechanisms to support more sustainable public health planning and action.
These basic mechanisms include the:

- development of consistent planning and reporting processes
- development and refinement of comprehensive data sets to inform planning
- continuous gathering and synthesising of research and evidence on effective public health policies and interventions to inform state-wide and local action, and;
- development of monitoring, evaluation and accountability measures that are meaningful to the ongoing improvement of the public health effort.

The planning system within the SA Public Health Act envisages a five year planning cycle with provision for revision at any time. This provision enables greater integration of public health planning with Councils’ strategic management plans after the 2014 Local Government elections.

On that basis the Plan will be subject to review and refinement after the receipt of Council plans and first progress reports, which take up the period to the end of 2014. This means that Councils, as they are commencing their next round of strategic management planning and review, will have access to a refreshed Plan that incorporates more clearly identified public health issues that emerge from their own plans and progress reports.

The Plan concludes by summarising a range of strategies designed to build and sustain a system of public health planning as well as recommendations for specific interventions across the four priority areas. It also identifies the next steps – what the Minister for Health and Ageing, the Chief Public Health Officer, the South Australian Public Health Council and SA Health will do to implement the Plan, and suggestions for how Local Councils may commence their own public health planning.
Public Health Legislation in South Australia

The SA Public Health Act is part of a range of public health legislation designed to protect and promote the health of South Australians. Many pieces of legislation in this state have specific provisions designed to ensure that human health is protected, and these are administered across the whole public sector. Other relevant Acts assigned to the Minister for Health and Ageing and the Minister for Mental Health and Substance Abuse have the closest relationship with the SA Public Health Act.

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<th>Relevant Acts assigned to the Minister for Health and Ageing and Minister for Mental Health and Substance Abuse</th>
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<td>South Australian Public Health Act 2011</td>
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<tr>
<td>Controlled Substances Act 1984</td>
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<td>Health Care Act 2008</td>
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<td>Safe Drinking Water Act 2011</td>
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<td>Tobacco Products Regulation Act 1987</td>
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<td>Public Intoxication Act 1984</td>
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In addition to Acts assigned to the Minister for Health and Ageing there are a wide number of other legislation which has implications for public health or human health. A recent audit of South Australian legislation was able to identify at least over 300 separate pieces of legislation which included references to protecting or improving human health. This reflects the degree to which concern for public health and human health is integrated into the broad functions of Government. Two particular pieces of legislation which should be noted are the Environmental Protection Act 1993 and the Radiation Protection and Control Act 1982, which are assigned to the Minister for Environment and Conservation.

A further Act of relevance is the Local Government Act 1999, assigned to the Minister for State/Local Government Relations. This Act sets the framework for Local Government in South Australia. Of particular relevance is the strong alignment between the principal role and functions of a Local Council (sections 6 and 7 of the Local Government Act) and the functions of Local Councils set out in section 37 and 38 of the SA Public Health Act.

The SA Public Health Act’s objectives are to ‘promote and provide for the protection of the health of the public of South Australia and to reduce the incidence of illness, injury and disability’. It does this through a range of powers and provisions including the implementation of public health planning. It defines particular roles and functions of those responsible for administering the legislation, including describing the strategic functions of Local Councils (ss.37–38).

The SA Public Health Act was developed in the context of 21st century knowledge and understanding of public health and what works for protecting and improving our health. It contains powers that are necessary to defend our communities against enduring public and environmental health risks, and it provides approaches to tackle contemporary public health challenges and build our state’s capacity to advance our health.
Public Health in the 21st Century

The *South Australian Public Health Act 2011* defines public health as follows:

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<th>Section (3)</th>
<th>(1) Public health means the health of individuals in the context of the wider community,…</th>
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<td>(2) Without limiting the definition of public health in subsection (1), public health may involve a combination of policies, programs and safeguards designed –</td>
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<td>(a) 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</td>
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<td>(b) to prevent or reduce the incidence of disease, injury or disability within the community</td>
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Public health is something that every society has sought to protect and improve throughout history. Collectively we have always worked to make sure that our communities are designed and function in ways to keep us healthy through protective measures as well as strategies that maintain and improve our health.

For much of the past several hundreds of years, public health has focused on protection and prevention. This was particularly so when societies were challenged by the threat of infectious diseases. Even though our knowledge of particular germs or viruses was undeveloped until late in the 19th century, it was understood that the conditions in which people lived could seriously undermine their health.²

Much of the early action in public health in the 19th century was focused on providing clean water, sewerage, safe disposal of wastes, improved housing and community amenity, cleaner air, more nutritious and safe food, and adequate heating and cooling.

Over the course of the 20th century and into the 21st century our understanding of the causes of illness and disease has grown. We have developed sophisticated medical and public health interventions to combat them. In the area of infectious disease the success of mass immunisation programs has seen the virtual eradication of some diseases and the severe restriction and control of others. Many of the infectious diseases that were major public health challenges until the mid-20th century are now virtually unknown in Australia and similar countries. This is due largely to immunisation programs and better prevention and management of disease outbreaks. However, the lesson of this past century is one of needing constant vigilance against the emergence of new disease, the re-emergence of older ones in more virulent forms and the ever present risk of potential pandemics.

Hand in hand with such improvements came steadily increasing standards in living conditions for most of us. Incomes rose and there were improvements in housing and shelter. Our air became cleaner; our water and food safer; and our streets, neighbourhoods and communities safer. There were better and safer workplaces, better employment and more educational opportunities and chances, which all helped lift our standards of health and wellbeing.

This is not to say that this rising tide in living standards has “raised all boats”. In spite of these general gains, there remain in our community people who don’t have the same access to opportunities to enjoy all that our state has to offer or the health and wellbeing benefits that come from it.

It is well known that Aboriginal people across Australia,³⁴ experience entrenched poorer health on average and are shown on almost all social and health measures to be at a significant disadvantage when compared with the rest of the population. While there is a wide range of strategies developed by Local, State and Commonwealth governments in collaboration with Aboriginal communities, there remains a significant task to close this gap.⁵
Regardless of these and other inequities in health, it remains true that there has been a steady and measureable improvement in public health. It is also true that, despite the challenges of the 21st century being different from those of the 19th and early 20th centuries, many of the lessons learnt then still apply today. Specifically, there is an important place for public health strategies such as immunisation, health screening and health information but, equally if not more so, health gain can come from continued improvement in the social, economic and environmental conditions affecting our communities.

South Australia in the 21st century still faces significant public health challenges – making sure that infectious diseases are under control through effective immunisation and other prevention programs; remaining vigilant and prepared to respond to new or re-emerging infectious conditions, particularly those that threaten to become pandemics; and dealing with the growing wave of non-communicable conditions that arise out of a range of common risk factors (e.g. overweight and obesity, reduced opportunities for physical activity, overabundant availability of energy-dense, nutrition-poor foods in combination with poor access to nutritious food).

Further risk factors that threaten our health are related to the excessive use of alcohol and the continuing threat posed by tobacco. A wide range of specific public health programs and strategies already exist aimed at reducing these risk factors. They include specific health-promotion programs, information and social marketing strategies, locally initiated community projects, and policy and regulation controls. In addition, it has been well understood and long known that improving community capacity, resilience, connectedness and the general social, economic and environmental conditions of our communities will significantly improve the opportunities for better health for all.6,7,8

Public health connects with every aspect of our community’s life and can be affected by a very wide range of factors and issues. Public health responsibilities are often dispersed across all spheres of government, and many other departments, agencies, organisations and groups. Most of what impacts on public health is actually in the domain of sectors that don’t have a specific health role as part of their primary responsibility. Public health is about the social conditions, the environmental character and the opportunities that are available or need developing. It’s about the very fabric and structure of our physical and social environments.

Globally this link between health, community capacity and the general social, economic and environmental determinants has been identified by the World Health Organization through the Commission on the Social Determinants of Health.9 The Commission called on all nations to take action to increase equity by improving these determinants. In South Australia the then Minister for Health (the Hon. John Hill MP) when introducing the South Australian Public Health Bill (2010),10 identified this legislation as being (in part) the State Government’s response to the Commission’s challenge.

Public health in the 21st century has a lot to do with the way our community is organised and how our society shares its benefits and advantages. It’s about how we protect ourselves and how we rise to challenges and risks that threaten our communities, whether natural disasters, widespread diseases, or social or economic shocks that strain the very fabric of our communities. It reflects how resilient we are, how we recover from hardships and breakdowns, and how we can together rebuild and restore our sense of wellbeing and community.

Therefore, public health is about all of us – preventing the causes that make us sick and building on those things that protect us and improve our health and wellbeing.
The Determinants of Health

Many South Australians experience a good to high level of health and wellbeing associated with the social, economic and environmental determinants of health. However, it is also recognised that there are disadvantages and inequities affecting the health of particular groups. These disadvantages and inequities are not just a significant problem for those individuals and groups who are experiencing them; they are a problem for us all.

A recent report into health inequalities in Australia reported that the lower a person's social and economic position, the worse his or her health is, and that the health gap between the most and least disadvantaged was large and growing. The report showed that household income, level of education, access to or participation in employment, type of housing (rental vs. ownership) and degree of social connectedness all played a determining role in people's health. When it came to specific risk factors (such as smoking, physical inactivity, overweight and obesity, and risky alcohol consumption), socioeconomic status was a common element in the heightened presence of these risk factors.

None of this is new. This linking of poor health to disadvantage is well known, well understood and often repeated. Sometimes it is used to ‘blame the victims’, with charges of individuals needing to take more responsibility for their own actions; and sometimes it is used as a basis for criticising the way our societies are structured to create disadvantage. Whatever the truth of the need for greater individual responsibility or greater social change, it is clear that the social and economic conditions in which people find themselves can largely determine the opportunities they can access to enjoy good healthy lives. Increasing these opportunities and spreading the chances of having a good and healthy life would not only have major benefits for those who are experiencing disadvantage but it would also increase general prosperity and productivity.

A further recent report estimated that if concerted action was taken to systematically address the social determinants of health in the Australian context:

- > 500 000 Australians would be prevented from developing a chronic condition
- > 170 000 extra Australians could enter the workforce, generating $8 billion in extra earnings
- > annual savings would be made of $4 billion in welfare support payments
- > 60 000 fewer people would need to be admitted to hospital annually, resulting in annual savings of $2.3 billion
- > 5.5 million fewer Medicare services would be needed each year, resulting in annual savings of $273 million
- > 5.3 million fewer Pharmaceutical Benefit Scheme scripts would be filled each year, resulting in savings of $184.5 million.

There is also mounting evidence that communities and groups that are disadvantaged or in other ways vulnerable will also be the ones who will bear the largest burden of the health impacts of climate change.

Taking action on the full range of determinants of health and the impacts of climate change is beyond the mandate, scope and capacity of specific public health interventions. It requires the concerted action of all spheres of government in a combination of policy areas as well as community action. Yet for this broader range of actions to be effective, public health approaches and considerations need to be incorporated. Health can make a contribution to improving general social, economic and environmental conditions and ensuring that particularly disadvantaged groups are not left behind. By actively engaging and integrating with other sectors and spheres of government, health considerations and contributions will be more clearly recognised and accepted. This approach has been termed Health in All Policies.

South Australia has developed an innovative process to implement a Health in All Policies approach. Since 2008 this approach has provided strategic opportunities for mutual benefit by focusing on achieving the goals and implementing the policies of other State Government agencies in ways that can also include health considerations. The SA Public Health Act provides the mechanism to systematise this and related approaches across government (s.17(2)) and support its adoption by Local Government (ss.37(2)(g) and 51).
What are the determinants of health?

‘Put simply, the social determinants of health are the conditions into which people are born, grow, live, work, and age (WHO 2011a). This concept can be turned around to provide a platform for improved health. That is, health starts where we live, learn, work and play (RWJF 2010). Arguably the most important determinants are those that produce inequalities within a society in terms of power, prestige, and access to resources. These structural determinants include the distribution of income, discrimination, and political and governance structures that reinforce rather than reduce inequalities in socioeconomic position (WHO 2011a).’

Note: Purple shading highlights selected social determinants of health.

Figure 1.3: A framework for the determinants of health

Determining Vulnerability in a Public Health Context

The SA Public Health Act’s objectives recognise that action designed to improve the public health of communities needs to have regard to “special or vulnerable groups” within communities (s.4 91) (f)). The SA Public Health Act specifically identifies Aboriginal and Torres Strait Islanders as a population requiring this particular focus when developing policies, strategies, programs and campaigns designed to improve the public health of communities. On a national and state-wide basis this particular focus has been largely addressed through the National Partnership Agreement Closing the Gap 2009-2013, the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 and SA Health’s Aboriginal Health Care Plan 2010-2016. These strategies are designed to address the acknowledged systemic and entrenched disadvantage experienced by Australia’s and South Australia’s Aboriginal populations.

While indicating that there can be other “special or vulnerable groups” the SA Public Health Act does not specifically identify any further populations or categories, nor does it provide a definition of these terms. However, the SA Public Health Act contains an equity principle (s.13) that ensures that consideration should be given to health disparities between population groups and to strategies that can minimise or alleviate such disparities. The planning system being developed under the SA Public Health Act provides a process whereby the State Government and Local Councils can cooperate with communities to identify issues and priority areas for action designed to address these inequities.
Several submissions on the draft Plan recommended the inclusion of additional special or vulnerable populations; for example people with disabilities including mental illness, refugees and newly arrived people, homeless people, prisoners, people living in remote areas, the very old and the very young. While individuals in each of these groups can and do experience disadvantage and subsequent vulnerabilities, from a public health planning perspective there can be unintended consequences on relying on a listing of specific categories or populations when considering vulnerability.

Firstly even the most comprehensive listing of categories will always run the risk of excluding a particular group, secondly for some groups they may be in such low numbers and so dispersed that it is more appropriate to deal with their issues through specific, targeted state-wide strategies rather than through individual Council's plans, thirdly and most significantly such a categorical approach to identifying vulnerability overlooks the causes of and the dynamic nature of vulnerability. It is more relevant from a planning perspective to provide a mechanism for assessing the vulnerability of populations to particular public health risks.

Vulnerability is assessed as being the result of a range of factors including the particular risk or context, the social and economic circumstances and the particular characteristics of the groups concerned. For example when assessing for vulnerability to the health risks of climate change the World Health Organization identified a range of factors that needed to be considered including; vulnerability due to demographic factors, vulnerability due to existing health status, vulnerability due to culture or life condition, vulnerability due to limited access to adequate resources and services.19 Similarly the US Centres for Disease Control and Prevention20 (CDC) identifies a method of identifying vulnerability in public health emergencies using the following measures; economic disadvantage, language and literacy skills, medical issues and disability (physical, mental, cognitive or sensory), isolation (cultural geographic or social).

These frameworks can apply equally to an assessment of public health risk or degree of vulnerability outside of emergencies or climate change impacts. In short, given the circumstances we may all experience a degree of vulnerability due to the size or type of risk, our socio-economic status, our access to supports and services, our social connections and our ability to navigate social systems or engage with others, our own health and ability status.

From a public health planning perspective it is therefore important to ensure that planning processes are informed by data sets which can identify the potential degrees of vulnerabilities of communities as well as specific groups within communities. This would include an indicator set which provides an age profile, Aboriginality, cultural and linguistically diverse profiles, socio economic status, educational achievement, and health and disability status. This will include SEIFA,21 which provides a useful collection of indicators which addresses a number of these dimensions at the State and Local Government levels and the VAMPIRE index (Vulnerability Assessment for Mortgage, Petrol and Inflation Risks and Expenses) which is seen as a useful measure of a community’s susceptibility to changing social and economic circumstances.23,24

There is a well-established link between socio-economic disadvantage and poor health outcomes.24,25 The inclusion of assessment of socio-economic measures is therefore a valuable source of information for public health planning.

SA Health will work with the Local Government and Public Health Partner Authorities to develop and refine a comprehensive data set for state-wide, regional and local public health planning that is capable of identifying specific inequities and vulnerabilities of populations in our communities.

In addition to the development of a comprehensive data set all those involved in developing public health planning remain mindful of the principles of Participation and Partnership contained within the Act. That is plans and strategies designed to address the needs and issues of communities and particularly those groups identified as vulnerable are best developed with the participation of those groups.
Specific measures

> The Minister will systematise Health in All Policies approaches and other related processes through the development of procedures for the provision of advice across State Government. This will be achieved through implementation of s.17(2) of SA Public Health Act.

> SA Health will assist Local Councils to adopt Health in All Policies approaches and other relevant processes for assessing health implications, through the implementation of public health planning and the application of s.37(2)(g) functions.

> SA Health will work with the Local Government Association and Public Health Partner Authorities to develop and refine a comprehensive data set for state-wide, regional and local public health planning that is capable of identifying specific inequities and vulnerabilities of populations in our communities.

> Councils are encouraged to identify and address inequities in their communities that may impact on the health of particular groups.

> SA Health will ensure that effective public health planning and strategies are developed to address essential public and environmental health issues in the Unincorporated Areas of the state, in particular for remote communities. Public health planning in unincorporated areas will be undertaken in partnership with local Aboriginal Communities and Aboriginal controlled organisations and other remote communities.

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**A note on the Unincorporated Areas**

The majority of South Australia’s population live in Local Government Areas under the governance of Local Councils. The remaining 85 per cent of the State’s land area, and its small but diverse population, falls outside Councils’ jurisdiction in the Unincorporated Areas. The Minister for Health and Ageing is the relevant public health authority for these areas. This power is delegated to and administered by the Health Protection Branch within the Department for Health and Ageing.

Approximately 7 000 people live in the Unincorporated Areas, with almost half of the residents being Aboriginal persons. In comparison with the rest of the South Australian community living within Local Government Areas, the unincorporated population (Aboriginal and non-Aboriginal) is considered to be relatively more vulnerable due to a number of circumstances, including poor access to fresh food, remoteness and accessibility issues, socioeconomic status, climate and physical environment. Thus, provision of dedicated, targeted public health services and programs remains a high priority for these areas.

The Health Protection Branch provides an extensive range of public and environmental health services to the Unincorporated Areas, including food safety, wastewater management, vector control and disease prevention. Also emerging in recent years have been challenges associated with the rapidly expanding mining boom and its workforce.

For the purposes of the SA Public Health Act, a Regional Public Health Plan will be developed for the Unincorporated Areas in South Australia in partnership with Aboriginal communities and Aboriginal-controlled organisations and other remote communities. It will also coordinate with other State and Commonwealth Government initiatives in remote South Australia.
**Principles underpinning Public Health Planning**

The SA Public Health Act provides for the Plan to identify principles and policies for achieving its objects and implementing the principles established under the SA Public Health Act.

**Principles having general effect in the SA Public Health Act**

(ss. 5–13)

*Those responsible for the administration of the SA Public Health Act are to have regard to these following principles in so far as they may be relevant in the circumstances:*

- Precautionary principle
- Proportionate regulation principle
  - Sustainability principle
  - Principle of prevention
- Population focus principle
  - Participation principle
  - Partnership principle
  - Equity principle

A separate document issued by the Minister under the provisions of s.15 offers general guidance for how these principles can be applied. This guidance also contains specific advice concerning how they can be applied to public health planning processes where relevant.

In addition to these principles and guidance, the Plan emphasises two concepts: collaboration and prevention.

**Collaboration**

Embedded in the principles of participation and partnership is the notion of collaboration. The planning system described in the SA Public Health Act can only function effectively through collaborative efforts across governments and between spheres of government working with the engagement and participation of communities. SA Health remains committed to this collaborative approach and will have this at the forefront of its engagement with Local Government and Public Health Partner Authorities.

**Prevention**

Prevention is already a recognised principle under the SA Public Health Act, with a particular application to public health planning. A planning focus on prevention means a focus on identifying and intervening in perceived threats to public health. It also means identifying those strengths and opportunities within communities that, when reinforced and built up, can increase our potential to resist and recover from threats. It can improve the conditions that promote health. A focus on prevention is best understood when both these elements are included.
The Public Health Planning System

Sections 50–52 of the SA Public Health Act describe the system of public health planning by the State Government and Local Councils. The Plan operates on a five year cycle, although it can be revised at any time during this period.

The Plan will set out a broad framework for priority action across State and Local Governments. Councils will develop their local plans (Regional Public Health Plans) with regard to and consistent with the Plan.

The Plan does not require uniformity or conformity from Local Councils. Rather, it sets out a broad framework to ensure consistent approaches to public health issues where relevant. It also includes information about issues identified in Councils’ plans. This means that plans by Councils will reflect and be influenced by the general priorities and directions of the Plan. Similarly, the Plan will be sensitive and inclusive of issues identified in Councils’ plans.

Public health planning by Councils also operates on a five year cycle. The SA Public Health Act allows for public health planning as individual Councils or as groups of Councils where common issues are identified. Even where Councils do wish to plan jointly, The SA Public Health Act provides for a Council (in addition to contributing to a joint plan with other Councils), to also undertake a separate public health planning process if it has identified an issue or group of issues it believes have specific implications for its community requiring further action SA Health will also undertake planning both for its role in facilitating state-wide public health action and its own unique role in health protection and disease prevention.

The SA Public Health Act encourages Councils to integrate public health planning into their already established planning structures and processes under section 122 of the Local Government Act 1999. This means that it may not be necessary to produce a separate stand-alone public health plan, but a Council may instead integrate public health issues and strategies within its broader strategic planning functions. Because public health is influenced by the broad functions and services of Councils, it is expected that integration of public health with their other planning processes will make it easier for Councils to more clearly identify their contribution to protecting and promoting the health of their communities.

The SA Public Health Act also recognises the leadership role that Local Councils play as the public health authorities for their areas. However, while they lead public health planning for their communities, they may not be responsible for every public health issue identified in a plan. The SA Public Health Act contains a formal mechanism for regulations to identify Public Health Partner Authorities, which can be other state government agencies and departments as well as non-government organisations. By agreeing to become Public Health Partner Authorities, these organisations agree to participate in the development of public health plans and take responsibility for those elements of a plan that relate to their core business or mandate, and to report relevant actions they take in furthering identified goals and strategies. This scheme is unique in the Australian context and is based on a well established system in UK legislation.27

South Australian Public Health Act

Key elements > Public Health Planning

Public Health Plans

- Assess the state of Public Health
- Identify Public Health risks
- Identify opportunities for promoting public health
- Take account of plans, policies or strategies determined by the Minister
- Include issues in Regional Plans
- Be consistent with State Plan

Regional Public Health Plans

Reports

- Biennial Report to CPHO
- CPHO Reports to Minister
- Minister Reports to Parliament
Issues identified in Regional Public Health Plans

SA Public Health Act specifies that the Plan should include information about issues identified in Regional Public Health Plans undertaken by individual Councils or groups of Councils (s. 50(3)(c)). This is to ensure that there is a clear relationship between the Plan and Council plans. As this is the first Plan, there have been no public health plans yet developed by Councils in accordance with the provisions laid out in SA Public Health Act.

To in part compensate for this, Councils were requested during the consultation period to examine their existing range of planning documents and identify possible public health issues which could be reflected in the State Public Health Plan. However there was an insufficient response rate to provide for a sufficiently representative profile of identified issues. Because the provisions for public health planning by Local Councils (ss. 51-52) had only commenced on 1 January 2013, it was thought that Councils had not had sufficient time to incorporate public health planning frameworks into their strategic management planning processes thus allowing for this request to be efficiently undertaken. Feedback during the consultation period confirmed general concurrence with the vision and strategic priorities laid out in the draft State Public Health Plan it is expected that there is sufficient congruence and common ground for Councils to plan in ways that are consistent with the State Plan whilst being responsive to local needs.

SA Health will continue to work with and through the LGA to assist Local Councils incorporate public health issues and planning requirements into their overall planning processes, and to fulfil its own role under the Plan.

With the submission of Councils’ first Regional Public Health Plans by the end of 2013 it is anticipated that a supplementary amendment to the State Plan can be produced which summarises identified issues and approaches and ensures state-wide alignment where relevant.

Other plans, policies or strategies determined to be appropriate by the Minister

This Plan is not designed to incorporate every public health issue or concern, nor to replace already existing plans, strategies, policies or programs designed to protect or improve public health. South Australia has developed a wide range of public health and other related strategies that address specific issues or problems. This Plan is designed to complement them.

The SA Public Health Act provides for the Plan to take into account any additional plan, policy or strategy determined by the Minister to be appropriate (s. 50(4)). The purpose of this section is to draw links between other relevant initiatives, policies and strategies of significance, as shown in the table below, that can contribute to the overall outcome of the Plan, and to help locate the Plan within a suite of related frameworks and provide for effective coordination as necessary. It also assists Local Councils in the development of planning frameworks, ensuring linkage across a range of policy areas and State Government initiatives. It provides guidance and advice to Public Health Partner Authorities, assisting them to identify the link between public health planning and broader government initiatives and plans.
### Other plans, policies or strategies determined to be appropriate by the Minister

<table>
<thead>
<tr>
<th></th>
<th>Strategic links to the State Public Health Plan</th>
</tr>
</thead>
</table>
| South Australia's Strategic Plan[^28] | South Australia’s Strategic Plan outlines a medium to long-term course for the whole of South Australia. It sets out targets grouped under 3 priorities:  
  > Our Community  
  > Our Prosperity  
  > Our Environment  
  Cabinet oversees the implementation of South Australia’s Strategic Plan throughout the Government and into the community. In particular, it aims to ensure that State Government agencies are pursuing plan targets in a collaborative, focused and innovative way. |
| South Australian Government’s Seven Strategic Priorities and associated Action Plans[^29] | The Seven Strategic Priorities are areas the government has chosen to focus on. The work, budgets, policy making and legislative agenda of the government will reflect the priorities. Seven Cabinet Task Forces are driving implementation and coordination of the strategic priorities.  
  The priorities are:  
  > Safe Communities, Healthy Neighbourhoods  
  > Every Chance for Every Child  
  > Creating a Vibrant City  
  > An Affordable Place to Live  
  > Realising the benefits of the mining boom for all South Australians  
  > Premium Food and Wine from our Clean Environment  
  > Growing Advanced Manufacturing  
  All seven priorities have synergies and pathways with health and wellbeing outcomes; however those priorities and their associated actions which have particular relevance with the State Public Health Plan’s vision are Safe Communities, Healthy Neighbourhoods, Creating a Vibrant City, Every Chance for Every Child and An Affordable Place to Live. |
<p>| The Planning Strategy for South Australia: 30 Year Plan for Greater Adelaide[^30] and related Regional Plans[^31] and policy library | Prepared by the South Australian Government pursuant to Section 22 of the Development Act 1993 to guide land use and physical development, as well as the planning and delivery of infrastructure and services, across the state over the medium to long term. The Strategy identifies where future residential, industrial and commercial development will and will not occur. In doing so it sets out how the South Australian Government proposes to effectively manage population and economic growth and change, preserve the environment and respond to the many challenges confronting the state including climate change and water security. |
| Prospering in a Changing Climate: A Climate Change Adaptation Framework for South Australia, August 2012[^32] | The Climate Change Adaptation Framework sets the foundation for South Australians to develop well-informed and timely actions to be better prepared for the impacts of climate change. It is intended to guide action by Government Agencies, Local Government, Non-Government organisations, business and the community. |
| Green Infrastructure Strategy | Provides guidance to planners, Local and State Government on how to integrate green infrastructure consideration into urban planning and urban form. |
| The People and Parks Strategy[^33] | The People and Parks Strategy has been developed to guide how people visit, use and enjoy South Australia’s national parks, marine parks and reserves. The strategy also aims to encourage more people to enjoy our state’s parks, learn about nature and get involved in conservation activities within, and beyond, park boundaries. |</p>
<table>
<thead>
<tr>
<th>Strategy Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Australian Tobacco Control Strategy 2011-2016</td>
<td>The South Australian Tobacco Control Strategy 2011-2016 guides the state's tobacco control efforts to reduce the impact of tobacco smoking on the health and wellbeing of South Australians.</td>
</tr>
<tr>
<td>South Australian Alcohol and Other Drug Strategy 2011-2016</td>
<td>The South Australian Alcohol and Other Drug Strategy 2011-2016 guides the state's alcohol and other drugs control efforts to reduce the impact of alcohol and other drugs on the health and wellbeing of South Australians.</td>
</tr>
<tr>
<td>Aboriginal Health Care Plan 2010-2016</td>
<td>Aboriginal Health Care Plan 2010-2016 provides the basis for how health and other services can work in partnership with Aboriginal communities to address the gap in life expectancy and help Aboriginal people live longer healthier lives.</td>
</tr>
<tr>
<td>Eat Well Be Active Strategy 2011-2016</td>
<td>The Eat Well Be Active Strategy 2011-2016 provides a blueprint for action across Government and community to tackle growing threats to health and wellbeing posed by overweight and obesity. It provides concrete strategies for boosting opportunities for healthy living, healthy eating and increased physical activity.</td>
</tr>
<tr>
<td>Chronic Disease Action Plan for South Australia 2009-2018</td>
<td>The Chronic Disease Action Plan 2009-2018 is a ten year plan to address chronic disease. It provides evidence and actions to support the prioritisation of secondary prevention, early intervention and disease management strategies to address the increasing burden of preventable chronic disease in South Australia.</td>
</tr>
<tr>
<td>South Australia's Communities for All: Our Age Friendly Future</td>
<td>This initiative strengthens the state's vision that all South Australians, including older people, are socially included and participate in active and independent lives. The three new South Australia's Communities for All: Our Age-friendly Future guidelines for local government, state government and residential development will help to build better social and physical environments that encourage older people to continue participating and contributing to their local communities well into later life.</td>
</tr>
<tr>
<td>South Australia's Oral Health Plan 2010-2017</td>
<td>The aim of this plan is to improve the oral health of all South Australians, but particularly those groups of people who are at most risk of poor oral health. There are specific public health and prevention strategies outlined in this plan which aim to enable people to have good oral health as part of their general health and wellbeing.</td>
</tr>
</tbody>
</table>
The spectrum of public health action

**Wider determinants of health** includes:
- Physical environment (air quality, water quality, noise levels)
- Safe food and water
- Food security
- Access to green space
- Urban form
- Transport
- Housing quality
- Social networks and social inclusion
- Employment
- Educational opportunities
- Participation in recreational and cultural activities
- Community participation opportunities

**Action On determinants**

**Core Public Health services and Strategies**

**Action on preventable burden of disease**

**Preventable Burden of Disease** includes:
- Communicable diseases
- Cardiovascular conditions
- Type 2 Diabetes
- Certain cancers
- Certain musculo-skeletal conditions
- Chronic respiratory conditions
- Conditions related to tobacco, alcohol and drug misuse
- Certain mental illness
- Preventable injuries
- Poor oral health

**Social, Economic and Environmental Determinants of health. Often the domain of State Government, non-health sectors as well as Local Government**

**Specific Actions to Protect and Promote Health. Often the domain of specific agencies or units across all spheres of government and non-government who have a public health mandate**

**Specific Actions on the Preventable Burden of Disease. Often the domain of agencies providing specific health or healthcare-related services**
Who does what? – the public health toolbox

The diagram on page 20 shows the wide spectrum of actions that impact on public health – from taking action on the determinants of health at the earliest level of prevention through to specific public health actions designed to address prevention and remediation of identified public health threats; through to dealing with the presence of the preventable burden of diseases and injuries once they have occurred. No one agency or sphere of government has responsibility for the whole spectrum.

Because the public health planning system needs to have regard to this spectrum it requires not only cooperation and partnerships between agencies and spheres of government but also partnerships and integration internally within agencies. For example, the coordination of primary health care planning and public health planning is crucial to realising a systemised and integrated platform for population health, especially on specific actions and services required to address the preventable non-communicable disease burden in South Australia. SA Health is committed to continuing to strengthen that coordination.

Even though effective public health action will often require cooperation and partnership, there are also specific responsibilities that fall within the mandate of particular organisations or spheres of government. The following chart describes these areas of responsibility and provides guidance and clarity to the question of ‘who does what?’ This is intended as a guide only, given that specific circumstances and contexts (including priorities, capacity and resources) will shape an agency's capability. This chart is seeking to describe the ‘toolbox’ of public health measures available to various agencies and spheres of government that can be applied to any relevant public health issue or concern. The four priorities canvassed in the Plan will become the focus for the use of this toolbox over the life of the Plan.

This chart does not include the significant role that the Commonwealth Government and its agencies play in public health because they are not subject to the planning provisions of the Act. The Commonwealth Government plays a key role in economic and social development, education policy and environmental protection. It also has a key role in preparing for climate change, emergency management and disaster planning as well as in contributing to public health planning at the regional level by facilitating the participation by primary health care providers, including general practices, through Medicare Locals to ensure that the needs of Medicare Local catchment populations are met.

There are a number of National Partnership Agreements which contribute funding to public health activities. Of particular relevance to this plan are the National Healthcare Agreement 2012, which encompasses the collective aspirations and objectives of Commonwealth, State and Territory Governments on prevention, primary and community care, hospital, aged care and related commitments in relation to public hospital funding, performance, reporting and governance and the National Partnership Agreement on Preventative Health, encompassing the Healthy Workers – Healthy Futures initiative and the Healthy Children initiative: Obesity Prevention and Lifestyle (OPAL) Program.

Other Commonwealth agencies also have significant contributions to make to the development of healthy vibrant sustainable and dynamic communities. For example; the Department of Sustainability, Environment, Water, Population and Communities, the Department of Infrastructure and Transport, the Department of Industry, Innovation, Climate Change, Science, Research and Tertiary Education and Energy Efficiency, and the Department of Regional Australia. Local Government, Arts and Sport amongst others, engage with other spheres of Government and Australian communities to develop plans, policies and strategies which are designed to advance the quality of life and the sustainability of the nation.

Public health planning provides a further platform to support the integration of complementary initiatives of Commonwealth, State and Local Governments. Where there are relevant points of linkage, the State Government and SA Health will work to ensure effective coordination with Commonwealth government priorities.

<table>
<thead>
<tr>
<th>Agency/Agreement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Partnership Agreement on Preventative Health</td>
<td>Encompasses Healthy Workers – Healthy Futures initiative and the Healthy Children initiative: Obesity Prevention and Lifestyle (OPAL) Program.</td>
</tr>
<tr>
<td>Other Commonwealth agencies</td>
<td>Have significant contributions to make to the development of healthy vibrant sustainable and dynamic communities.</td>
</tr>
<tr>
<td>Local Government, Arts and Sport</td>
<td>Engage with other spheres of Government and Australian communities to develop plans, policies and strategies which are designed to advance the quality of life and the sustainability of the nation.</td>
</tr>
</tbody>
</table>

Public health planning provides a further platform to support the integration of complementary initiatives of Commonwealth, State and Local Governments. Where there are relevant points of linkage, the State Government and SA Health will work to ensure effective coordination with Commonwealth government priorities.
<table>
<thead>
<tr>
<th>Domain</th>
<th>Who</th>
<th>What</th>
</tr>
</thead>
</table>
| Improving the wider determinants of health and wellbeing | State Government                          | > Sets broad strategic priorities, policy and legislation that impact on human health and wellbeing  
> Develops and delivers state-wide economic development policy and strategy  
> Develops and delivers state-wide public education and social development policy and strategy  
> Develops and delivers state-wide state funded community support and social inclusion policies, strategies and services  
> Develops environmental protection, environmental stewardship, and climate change and sustainability policies  
> Provides resources, guidance and advice, and ensures that major projects and strategies consider public health issues  
> Coordinates with relevant Commonwealth Government initiatives  
> Provides legislation and an overall framework for urban and regional planning via the Development Act 1993 and the State Planning Strategy |
|                                            | SA Health                                | > Provide system coordination and public health stewardship, and facilitate the combined effort across the spectrum of public health  
> Are the public health authorities for the unincorporated areas of the state  
> Develop, implement and administer legislation to support public health  
> Provide expert advice, maintain standards, conduct public health research, implement early identification and ‘over the horizon scanning’ of public health issues, and provide data, information and analysis |
|                                            | Public Health Partner Authorities (in part including the non-government sector) | > Where relevant, align plans, policies and strategies and integrate agreed-upon public health factors and priorities  
> Participate in and coordinate with public health planning at State and Local Government levels  
> Participate in or undertake specific projects congruent with their core business or as agreed upon  
> Develop, implement and administer legislation that is relevant to public health and wellbeing |
|                                            | Local Government (combining public health role with responsibilities under the Local Government Act 1999 and related legislation) | > Maintains and improves the physical and social infrastructure of communities that protects and promotes health and wellbeing (e.g. waste control, open-space parks and gardens, support for cultural and recreational activities, footpaths, cycleways, street lighting, local economic development, community resilience and support, climate change mitigation planning, urban planning development and approval processes)  
> Locally administers relevant legislation (e.g. Development Act 1993, Dog and Cat Management Act 1995, Food Act 2001) |
| Healthier choices are made easier          | State Government                          | > Provides resources, guidance and advice, and ensures that relevant policies, projects and strategies consider public health issues  
> Coordinates relevant Commonwealth Government initiatives  
> Develops and administers relevant legislation, regulation and policies designed to protect or promote health  
> Develops specific social marketing campaigns that also have public health impacts (e.g. road safety, drink driving) |
|                                            | SA Health                                | > Provide system coordination and public health stewardship, and facilitate the combined effort across the spectrum of public health  
> Are the public health authorities for the Unincorporated Areas of the state  
> Provide expert advice, maintain standards, conduct public health research, implement early identification and ‘over the horizon scanning’ of public health issues, and provide data, information and analysis  
> Fund and provide specific health improvement strategies (e.g. OPAL, Aboriginal Health Care Plan) |
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| **Public Health Partner Authorities** (including the non-government sector) | > Provide state-wide health promotion campaigns and social marketing (e.g. Quit Campaign, tobacco control, and drug and alcohol campaigns)  
> Adopt and promote policies to support and improve the community's health (e.g. healthy catering, breastfeeding, physical activity)  
> Develop and maintain appropriate regulations (e.g. tobacco control, food labelling, menu labelling)  
> Where relevant, align plans, policies and strategies and integrate agreed-upon public health factors and priorities  
> Participate in and coordinate with public health planning at State and Local Government levels  
> Participate in or undertake specific projects congruent with their core business or as agreed upon (e.g. ensuring supportive environments and infrastructure such as active transport options, access to natural ecosystems, green infrastructure projects, social inclusion initiatives)  
> For example: Medicare Locals contribute to public health planning and facilitate participation by general practitioners to ensure that the needs of practice populations are included |
| **Local Government** | > Provides specific information to its community including information from a wide range of State & Commonwealth Government programs and services, as well as non-government organisations  
> Acts as a broker and advocate for its community  
> Provides certain support programs and community participation opportunities, which build communities  
> Hosts other agencies’ outreach programs and services  
> Provides information and referral services  
> Provides specific community infrastructure and support (e.g. parks and gardens, recreational facilities)  
> Locally leads in public health regulation (e.g. food regulation) |
| **State Government** | > Develops and delivers policy and information  
> Develops legislation and regulation  
> Provides emergency management and disaster response and state-wide coordination  
> Supporting community resilience and recovery efforts  
> Remediation |
| **SA Health** | > Monitor disease patterns and patterns of injuries  
> Investigate outbreaks  
> Coordinate data  
> Provide public health emergency management and disaster response  
> Are the public health authorities for the Unincorporated Areas of the state  
> Support local government in their regulatory role  
> Coordinate and provide vaccine supply and support to service delivery  
> Provide state-wide screening programs, and provide and support sexual health strategies and services |
| **Public Health Partner Authorities** | > Provide emergency management and disaster response  
> Provide and support environmental protection, sustainability and action on climate change  
> Support community wellbeing and resilience |
| **Local Government** | > Provides or supports the provision of immunisation in their area  
> Administers local public health regulation (e.g. food safety, cooling tower monitoring of specific businesses, waste control, mosquito control); assists in the provision of emergency management and disaster response |
The role of the health system – a focus on primary prevention

The South Australian healthcare system is made up of a vast number of public and private providers who deliver a wide range of care services. It touches most of us in some way, directly or indirectly, almost every day. The South Australian Government through SA Health provides health and related care services through public hospitals and a range of associated community-based services. Private hospitals also play a key role in the system of care. Private health services are often subsidised through the Commonwealth Government (for example through Medicare and the Pharmaceutical Benefits Scheme) and have a particular focus on delivering private primary care. In particular, general practitioners offer frontline services to communities and are often a first port of call for families seeking medical advice and assistance.

The first focus of attention for healthcare services is mainly on people who are experiencing symptoms of illness, or who have an injury. The focus of care can be summed up as trying to prevent things from getting worse, and working towards curing, repairing and rehabilitating people whose health has been affected. Helping people stay healthy and preventing them from becoming unwell in the first place is also of vital importance in the healthcare system. Providers take as many opportunities as they can to inform and assist people lead healthier lives.


SA Health also has specific services and units focused on public health. These cover a wide range of responses including food and food safety policy and regulation, public and environmental health protection, population health monitoring, state-wide screening programs, communicable disease control and support for state-wide immunisation programs, support for community-based services for people living with blood-borne diseases such as HIV/AIDS and hepatitis C, health promotion specialist programs, provision and management of regulations to ensure safe drinking water and specialist scientific advice on dealing with contaminated sites and other environmental health concerns.

These specific public health services and units also:

> provide leadership in the development of policy, legislation and regulations
> represent the public health perspective in negotiations with the Commonwealth Government on behalf of the South Australian government
> provide state-wide coordination in priority areas for public health
> provide support advice, training and assistance to Local Councils in their role as local public health authorities
> provide public and environmental health services in the Unincorporated Areas of the state
> provide information and advice on specific threats to public health
> assist in the coordination of state-wide responses to emergencies
> provide support for community-based health promotion programs
> coordinate with and assist other state government agencies in identifying health-related impacts of proposals, policies and plans.
SA Health is undergoing its most significant reforms in a generation. This is being driven by the SA Health Care Plan and through the Council of Australian Governments (COAG) reform process and associated health agreements. Prevention and public health play a role in these reforms, which are designed to strengthen and improve health services and raise the standard of health of all Australians. As part of SA Health's system, Local Health Networks (LHNs) are gearing up to implement these reforms in their areas.

Similarly, Commonwealth-funded Medicare Locals are also aimed at developing primary health care capacity and improved coordination for their areas. Public health planning through the Plan and by Local Councils provides an opportunity for greater partnerships with LHNs and Medicare Locals in situations where there are joint concerns for population health. The Chief Public Health Officer will foster improved partnerships and coordinate opportunities for greater engagement between Councils, LHNs and Medicare Locals where relevant.

The importance of the role of Local Government

Working to protect and improve the public health of a community also means working to improve its liveability, sustainability and vitality. Local Councils are in the best position to lead public health actions for their own communities. This does not mean that they have prime responsibility for every public health issue identified in their community, but they are best placed to recognise and understand them within the context of the other issues, needs and priorities of their communities.

For public health actions to be successful, they need to connect with and be integrated into many other areas of policy and action.

This does not mean that public health becomes the central and primary concern of every function or service provided by Councils. They have wider roles and responsibilities for the overall progress and wellbeing of their community. Public health is just one part, although a significant part, of a Council's overall role.

The role of public health planning as envisaged by the SA Public Health Act is to integrate with these broader roles and responsibilities as well as provide the basis for specific and enduring direct public health responsibilities. It is designed to intersect with other functions of Local Councils as they relate to the health and wellbeing of their communities, as well as provide a platform for Local Government to influence and coordinate the relevant work of other agencies including those from the State Government and non-government sectors. The planning system described in the SA Public Health Act is public health's contribution to Councils achieving their broader role of sustaining, developing and improving the wellbeing of their communities.

The SA Public Health Act recognises that Local Government has traditionally had a key role to protect and promote the wellbeing and health of the population. The broader roles for Councils are set out in the Local Government Act 1999. In part, this Act states that Local Government exists:

> to act as a representative, informed and responsible decision maker in the interests of its community
> to provide and coordinate various public services and facilities and to develop its community and resources in a socially just and ecologically sustainable manner
> to encourage and develop initiatives within its community for improving the quality of life of the community
> to represent the interests of the community to the wider community

The Plan is concerned with the roles of Local Government in collaborating and coordinating public health actions of others (including the State Government) and in the delivery of its own services and infrastructure.

Achieving improvements in the social and physical environments that promote and protect health and wellbeing is based on this collaborative approach. No one sphere of government or business or community organisation has total responsibility in these areas.

Local Government, given its locality-based jurisdiction, has an interest in most aspects of the area they govern and represents its community to other spheres of government. It is recognised that Local Government is the sphere of government closest to its community, which means it can have a more intimate engagement with its residents and their local issues.

Under the SA Public Health Act, Councils will, individually or collectively, prepare Regional Public Health Plans, which may be a compilation of a range of current Council activities but they will also include reference to other organisations. The effect of this is to increase the sphere of influence of Councils.
Spheres of Local Council influence

As the diagram above shows, Local Government plays a multitude of roles when serving its communities. Definition of these roles will vary somewhat among Councils. However, the role statements for the Adelaide City Council set out in the table below are indicative of how roles can be defined.

Range of Local Council roles

Local Councils play a variety of roles depending on the issue, their location and available resources, but most would describe similar roles to those outlined below.

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leader</td>
<td>Development of strategies, policies, programs and services that respond to relevant trends and influences. Examples: Strategic Plan; Carbon Neutral Council Action Plan 2008-2012.</td>
</tr>
<tr>
<td>Owner/custodian</td>
<td>Management of assets that are under the care and control of Council. Example: Management of roads and buildings or parkland and the environment.</td>
</tr>
<tr>
<td>Regulator</td>
<td>Undertaking of responsibilities pursuant to relevant legislation. Examples: Development assessment; food and health premises compliance.</td>
</tr>
<tr>
<td>Information provider</td>
<td>Provision of information to the general community and identified stakeholders. Example: Tourism and general community service information available through Council’s Customer Centre and website.</td>
</tr>
<tr>
<td>Advocate</td>
<td>Advocacy to relevant bodies (for example various tiers of government, private sector in relation to issues/opportunities that impact on the future of the City. Example: Advocating to the State Government for improved public transport services.</td>
</tr>
<tr>
<td>Facilitator/initiator</td>
<td>Bringing together and/or engaging with individuals, community groups, industry, government agencies and other stakeholders to address issues impacting (or potentially impacting) on the city. Example: Council hosting a residential growth forum with stakeholders.</td>
</tr>
<tr>
<td>Agent</td>
<td>Managing the provision of services to the community on behalf of a third party (for example State or Australian Government) where there is demonstrated need and significant benefit to the community. Examples: Home and Community Care (HACC federally funded, delivered by Council); Natural Resource Management Levy (State Government).</td>
</tr>
<tr>
<td>Part-funder/Partner</td>
<td>Service or project in which Council works with another organisation to fund and/or deliver an outcome. Example: North Terrace upgrade.</td>
</tr>
<tr>
<td>Direct provider</td>
<td>Delivery of a service, project or program in full, with no resource or funding support from external parties. Example: Heritage Incentive Scheme.</td>
</tr>
</tbody>
</table>

Note: The examples provided are particular to the Adelaide City Council – actual roles and how they are undertaken will vary among Councils.
Local Government in South Australia

Primary legislative frameworks:
- Constitution Act 1934
- Local Government Act 1999
- Local Government Elections Act 1999
- City of Adelaide Act 1997

*The South Australian Public Health Act 2011 identifies Local Councils as local public health authorities.

Local Government coverage in South Australia*

68 Local Councils:
- 19 metropolitan Councils
- 49 rural and regional Councils

* While Local Councils provide public and environmental health services to the overwhelming majority of the State’s population, SA Health is responsible for providing these services to the small but diverse population of approximately 7,000 people who live in unincorporated lands. Unincorporated areas make up approximately 85 per cent of the State’s land area.

Local Government resource base (2010 figures)

SA Councils:
- manage approximately $16 billion of infrastructure
- have an operating budget of $1.6 billion a year

Local Councils interact on a daily basis with other spheres of government and their agencies as well as with non-government and business organisations. The public health planning scheme within the SA Public Health Act provides a basis for more systematic and strategic engagement focused on identified public health issues and priorities, and delivering more effective coordination and clearer accountability mechanisms. The SA Public Health Act recognises Councils as leading and coordinating this planning effort on behalf of their communities.
The State of Public Health in South Australia

The SA Public Health Act indicates that the Plan will comprehensively assess the state of public health and wellbeing in South Australia. A similar provision applies to the public health plans developed by Local Councils for their communities. This is an ongoing task that will be incorporated into developmental strategies in the Plan. Because public health is affected by a very wide range of factors from both the physical and social environments, it is important to ensure that the data set to support planning is sufficiently comprehensive. There is ongoing consultation with the South Australian Public Health Council, Local Government and other public health partners to ensure that such a comprehensive data set is developed.

This comprehensive data set will include a population summary and a selected range of data and indicators that give a general overview of the main factors underpinning population health and wellbeing. The data set will not only support public health planning but will also be used to inform the development of the Chief Public Health Officer’s Report, which is required by the SA Public Health Act (s. 23) to be produced every two years.

It is important that the data set is able to survey public health across the state as well as to be further divided for smaller area analysis, especially to the Local Government level where possible. This includes basic demographic information, disease and injury prevalence data, and risk factor indicators, as well as environmental health measures and community wellbeing indicators. In addition to information on the overall state of public health for the whole population, it will be important to include information on specific populations to ensure that any health inequities are clearly visible. For example, it will be useful to gather information that can be broken down by such categories as age, gender, ethnicity and income levels.

Examples of the range from which reported measures will be chosen are in the following table:

<table>
<thead>
<tr>
<th>Topics</th>
<th>Specific items for reporting</th>
</tr>
</thead>
</table>
| **Population profile** | Age and sex distribution  
Population growth and projection  
Geographic distribution  
Socioeconomic status  
Aboriginal people |
| **Health status** | Self-assessed health status  
Life expectancy  
Healthy life expectancy  
Burden of disease  
Mortality  
Avoidable mortality |
| **Specific issues and conditions, chosen from a range of measures (see at right for examples)** | Communicable diseases  
Non-communicable conditions such as:  
> cardiovascular health  
> cancer  
> diabetes  
> injury |
| **Risk factors** | Smoking  
Diet and nutrition  
Alcohol use  
Overweight and obesity  
Physical activity and inactivity  
High blood pressure  
High blood cholesterol  
Immunisation rates  
Screening outcomes |
| **Environmental, social and economic determinants of health** | Key indicators from local councils on built environment  
Access to services  
Employment  
Education  
Environmental factors  
Health inequalities  
Secure housing |
Measuring wellbeing

Measuring wellbeing or quality of life as part of developing a comprehensive public health profile relies on collecting both objective and subjective information – quality of life is about both how people feel about life as well as the material conditions in which they live. There are many objective measures that relate to quality of life and wellbeing, but there is a lack of rigorous, comprehensive and systematic subjective measures.

A recent study by the Australian Centre of Excellence for Local Government reviewed a number of these measures. In part this study concluded that the Community Indicators Victoria (CIV) project provided a useful framework. In South Australia major elements of the CIV approach have already been instituted via a one-off study titled Indicators of Community Strength, which was conducted by the then Department for Families and Communities. This study collected data on the level of social connections within a local area. Similar to some other studies, this research looked at aspects such as the willingness of neighbours to help each other and the involvement in local community organisations.

The Department of Communities and Social Inclusion is repeating the state-wide survey of community strengths which will provide a further snapshot specific for Local Government areas. This will assist Local Councils as they undertake public health planning for their communities. Further to this the Population Research and Outcomes Service at the University of Adelaide has been commissioned by SA Health to include additional questions into its ongoing population health monitoring survey. These questions will over time build into a clearer picture of how South Australians rate their wellbeing.

Building on this work the Australian Centre of Excellence for Local Government has now published a further study in conjunction with the Local Government Association of Queensland. The report, Community Wellbeing Indicators: Measures for Local Government, outlines key research and initiatives, and includes a ‘community wellbeing indicators survey template’ that can be adapted for use by local governments nationally to consistently measure, analyse and assess the progress of community wellbeing.

The aim of this report is to demonstrate that a core set of wellbeing indicators and a menu of ‘fit for purpose’ indicators can provide wellbeing data to local government, and is a worthwhile and valuable investment in strengthening local government capacity and accountability.

The tool contained in the research report allows councils to consistently measure community wellbeing using a number of standard indicators, to track changes over time, benchmark performance against results from comparative surveys in councils (QLD), and identify policy measures that can improve community outcomes.

Consistent with the Community Indicators Victoria project the indicator set developed is organised under five themes;

1. Healthy, safe and inclusive communities
2. Culturally rich and vibrant communities
3. Dynamic resilient local economies
4. Sustainable built and natural environments
5. Democratic and engaged communities.

Whilst not all domains and subdomains contained in this framework are directly applicable to public health planning, it nevertheless provides a consistent approach which is being increasingly recognised by Local Government as a basis for its planning. As such, indicator development under the State Public Health Plan will seek to mirror this framework and to facilitate the integration of public health planning into broader planning processes of Local and State Government. Indicator development will be undertaken in conjunction with the Local Government Association.

Public health planning selection criteria for data inclusion

To date a wide range of potential data sources have been identified that may be considered for public health planning processes and indicator development (see www.sahealth.sa.gov.au/publichealthact). Because the scope of action for public health is very wide, there is a danger that a data set could become unwieldy and difficult to manage within a planning framework. Ultimately, in the quest for comprehensiveness, it may become unfocused and uninformative because it is trying to do too much by describing all conceivable linkages and indicators.
The object therefore is to identify a focused data set that is meaningful both for public health purposes and for those who are responsible for planning under the SA Public Health Act – this includes the Minister, Chief Public Health Officer, the South Australian Public Health Council, Local Councils and Public Health Partner Authorities.

The important first task in identifying a data set is to find a place to start. The South Australian Public Health Council has considered this and has identified a range of prerequisites for indicator selection.

**Indicator selection**

A data set should spur action and inform planning and reporting across public health functions, taking into account traditional public health concerns and issues as well as more contemporary approaches.

Local Government is a central partner in public health (as recognised in the SA Public Health Act). The data set to support public health planning and reporting must be mindful of Local Government’s role and informed by its practices. It is critical that the data set be relevant and be useful to Local Government. This means that indicators provided must be in a form that is meaningful to Local Government in terms of its role and purposes under the SA Public Health Act as well as other relevant Acts. Similarly, in order to build collaborative planning between potential public health partners, it is important to build a data set that spans partners interests and concerns and, where relevant, incorporates their data, drawing the links between them and public health.

When considering what to include in this data set, it was important to not let it simply be a focus on problems that impact on health, but to be balanced with measures that can also protect or strengthen health. For example, a focus on positive indicators can be used as measures of community health and wellbeing, including volunteering rates, social cohesion, subjective wellbeing, library memberships, provision of footpaths, walkability indices and access to open space. Measures of this nature can be pointers towards types of actions and strategies that are within the mandates of Local Government as well as other sectors of government and the non-government sector.

The identification of an appropriate data set is informed by the following criteria.56

<table>
<thead>
<tr>
<th>Prerequisites to indicator selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is statistically appropriate, fit for purpose.</td>
</tr>
<tr>
<td>It can be collected in a timely fashion (preferably annually).</td>
</tr>
<tr>
<td>It can be presented in a form that is suitable for multiple stakeholders including Local Government.</td>
</tr>
<tr>
<td>It is relevant and useful to Local Government and allows cross-area comparisons.</td>
</tr>
<tr>
<td>It is collectable within existing data.</td>
</tr>
<tr>
<td>It avoids repetition of indicators reported elsewhere.</td>
</tr>
<tr>
<td>It is limited to a manageable number in the first State Public Health Plan (which can be built on in the future).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator criteria assessment and selection</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is a measure of an outcome or factor that has known linkage to a positive health outcome.</td>
</tr>
<tr>
<td>It aligns with relevant state government direction and priorities for public health.</td>
</tr>
<tr>
<td>Evidence-based interventions exist to support the measure.</td>
</tr>
<tr>
<td>It is amenable to public health intervention.</td>
</tr>
<tr>
<td>Improvements in this measure will improve health-related quality of life (including mental health) and reduce premature mortality.</td>
</tr>
<tr>
<td>Improvement in this measure will help reduce inequalities in health.</td>
</tr>
<tr>
<td>It is meaningful and likely to be perceived as important by the public.</td>
</tr>
<tr>
<td>It is meaningful and likely to be perceived as relevant by Local Government and Public Health Partner Authorities.</td>
</tr>
</tbody>
</table>

SA Health will continue to work with the Local Government Association, Local Councils and relevant public health partners over this first planning cycle to further develop and refine the data set. While this will be a continuing process, it will be a priority in this first five year planning cycle. The development of this data set will be the subject of further examination in the forthcoming Chief Public Health Officer’s Report.
What can we say about our health – a snapshot

Pursuant to Section 23 of the SA Public Health Act, the Chief Public Health Officer will report on public health trends, activities and indicators in South Australia, the implementation of the new State Public Health Plan and implementation of the Act. The first Chief Public Health Officer Report will be published shortly after the release of this plan and it describes the strength, scope and diversity of public health functions, including the prevention and control of communicable disease and non-communicable disease, epidemiology, environmental health, social determinants of health, health risk factors and the numerous agencies providing public health services. It provides a comprehensive picture of the state of public health in South Australia. The following section has incorporated a snapshot of this information, for further information please refer to the Report of the Chief Public Health Officer – The State of Public Health for South Australia 2012 which can be accessed on the SA Health website following its release.

Like the rest of Australia, South Australians enjoy a high standard of health compared with most other similar countries. We are living longer and healthier lives than at most times in the past. But this overall picture is not the complete story. There are concerning trends, particularly as they relate to the increasing emergence and incidence of non-communicable conditions such as cardiovascular illness, diabetes, certain forms of cancer and arthritis. Many of these are associated with modern life, particularly the challenges of overweight, obesity, lack of physical activity and an overabundance of energy-dense nutrition-poor foods. The following section provides a brief snapshot of some relevant statistics and key features of the health of South Australians.

South Australia’s health – a snapshot

The Australian Statistical Geography Standard (ASGS) is the Australian Bureau of Statistics’ (ABS’) new geographical framework, effective from July 2011. The SA4 regions are the largest sub-state statistical regions of the ASGS. Where regional comparisons are provided within this snapshot, the data is presented according to the seven South Australian SA4 regions as detailed in Figure 3.
Figure 3 – Map of the seven South Australian SA4 regions
1. South Australia's population

South Australia’s population grew by 12.24 per cent (1,422,522 to 1,596,569) from 1996 to 2011.


In the same period, the population age profile changed significantly. The proportion of the population aged 50+ years increased, while the proportion of the population aged <50 years reduced. In 2011, 76.7 per cent of South Australians lived in the Adelaide Central and Hills, North, South and West SA4 regions; 6.7 per cent in the Barossa – Yorke – Mid North, 11.1 per cent in the South East; and 5.3 per cent in the Outback SA4 regions.

South Australian population by age and gender 1996 and 2011

Source: ABS Census, 2011
South Australia’s regional population distribution 2011

Source: ABS Census, 2011

Various population projections have been published by the ABS, suggesting that Australia’s population will continue to increase and that the median population age will also continue to increase for some time. Public health policies and interventions that aim to reduce morbidity and disability into old age are therefore increasingly important for ensuring quality of life for an increasing proportion of the Australian population.

There is a marked difference in the age profile between Aboriginal and Non-Aboriginal South Australians with the Aboriginal population being much younger than the Non-Aboriginal population. According to the 2011 Census approximately 50 per cent of Aboriginal South Australians were aged between 0 and 19 years, in the same age group for Non-Aboriginal South Australians only 24 per cent of individuals are represented. At the other end of the age spectrum, 6.5 per cent of Aboriginal South Australians were aged 65 years and over compared to 16.2 per cent of Non-Aboriginal South Australians.

Age profile Aboriginal and Non-Aboriginal South Australians

Source: ABS Census, 2011

The area with the greatest proportion of Aboriginal residents was South Australia – Outback (10.1 per cent), compared to Adelaide-Central and Hills which had the lowest reported Aboriginal population (0.5 per cent).
'The South Australian Aboriginal Health Survey (SAAHS) was developed in response to funding allocated from the South Australian Implementation Plan under the Council of Australian Governments (COAG) National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (NPA).

This report provides an overall analysis of the chronic disease prevalence, prevalence of a number of risk factors, and some protective factors, that impact upon South Australian Aboriginal and Torres Strait Islander peoples’ (hereafter referred to as Aboriginal people) health outcomes. Responses relating to some of the wider determinants of health surrounding Aboriginal health outcomes are also included…

…The following is reported for Aboriginal South Australians:

> Overall, 17.4 per cent of respondents reported doctor diagnosed diabetes; these respondents were statistically significantly more likely to be living in a remote area of SA, where the prevalence of diabetes was reported to be 40.2 per cent.

> Those reporting doctor diagnosed high blood pressure were statistically significantly more likely to be living in remote SA (39.8 per cent) and statistically significantly less likely to be living in rural SA (16.9 per cent). Overall, 20.0 per cent of respondents reported having current doctor diagnosed high blood pressure.

> When asked if they had seen a GP or doctor in the past year, 73.2 per cent of respondents said ‘yes’. These respondents were statistically significantly more likely to be from metropolitan Adelaide (80.3 per cent) or remote SA (81.6 per cent) and statistically significantly less likely to be from rural SA (59.9 per cent) when compared to those not having seen a GP.

> Overall, 7.5 per cent of the population had seen a traditional Aboriginal healer in the past twelve months.

> Respondents living in metropolitan Adelaide or rural SA were statistically significantly more likely to identify as an Aboriginal or Torres Strait Islander if asked at a health service (90.3 per cent and 78.3 per cent respectively) while those living in a remote area of the state were statistically significantly less likely to do so (22.3 per cent).

> Overall, 48.3 per cent of the population were current smokers and 6.5 per cent were ex-smokers. There were no statistically significant differences found when comparing the three regions or sex. Current smokers were statistically significantly more likely to be 25 to 44 years of age and statistically significantly less likely to be aged between 15 and 24 years.

> Overall, 86.5 per cent of the population spoke English as the main language at home with 68.1 per cent of these Reporting that they spoke at least some words of an Aboriginal language.

> Recognition of an area as traditional Country or homeland was statistically significantly more likely among those living in remote areas of SA (95.9 per cent). Overall, 82.9 per cent recognised an area as their traditional Country, with 31.3 per cent living in that traditional Country. Respondents living in remote areas of SA were statistically significantly more likely to be currently living on their traditional Lands (92.3 per cent).

It is not possible for a report of this nature to meet the information needs of all potential users of population health data. The approach taken is to present information for all South Australian Aboriginal people on all the major topic areas covered by the survey, in order to give an overall picture of the health and wellbeing of Aboriginal people. Appendix A provides breakdowns by remoteness areas (metro, rural, and remote). Requests for data can be made to Population Research and Outcome Studies, The University of Adelaide.'
A comprehensive report of the status of Aboriginal and Torres Strait Islander health in South Australia has recently been released by the Australian Institute for Health and Welfare as part of the nationally agreed Aboriginal and Torres Strait Islander Health Performance Framework.61

2. Socio-economic distribution

There is a well-established link between socio-economic disadvantage and poor health outcomes. 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. The poorest members of our community are twice as likely to suffer chronic illness and will die on average three years earlier than the most affluent. The inclusion of assessment of socio-economic measures is therefore an extremely valuable source of information for public health planning.

A note on SEIFA

Socio-Economic Indexes for Areas (SEIFA) is a product developed by the Australian Bureau of Statistics that ranks areas in Australia according to relative socio-economic advantage and disadvantage which comprises four indices. This report has used the Index of Relative Socio-economic Advantage and Disadvantage (IRSAD). This index is a general socio-economic index that was created using measures of relative disadvantage as well as measures of relative advantage from the 2011 Census. There are 21 measures, such as: low or high income, internet connection, occupation and education. This index does not include Indigenous status.

A low score indicates relatively greater disadvantage and a lack of advantage in general. For example, an area could have a low score if there are (among other things): many households with low incomes or many people in unskilled occupations; and few households with high incomes, or few people in skilled occupations.

A high score indicates a relative lack of disadvantage and greater advantage in general. For example, an area may have a high score if there are (among other things): many households with high incomes, or many people in skilled occupations; and few households with low incomes, or few people in unskilled occupations.

South Australia – Index of Relative Socio-economic Advantage and Disadvantage

In 2011, South Australia had 57.2 per cent of people lived in an area with a lower score of SEIFA (of less than 1 000), compared to 54.3 per cent of people in Australia.

Index of Relative Socio-economic Advantage and Disadvantage for Australia and South Australia

3. Burden of disease

South Australians’ total life expectancy at birth continued to increase in the decade to 2008 (by 2.0 years or 2.6 per cent among males and 1.5 years or 1.8 per cent among females). After allowing for the amount of life lost to illness and injury, healthy life expectancy also increased albeit by lesser amounts (1.4 years or 2.1 per cent among males and 1.2 years or 1.5 per cent among females).

South Australian burden of disease estimates offer a more detailed description of population health outcomes in the community and how they are distributed and changing over time. Those estimates show that the average amount of health loss occurring in the State reduced overall by almost two per cent in the period between 1999-2001 to 2006-08. Unpacking the results as shown in the table below, reveals that premature mortality reduced markedly from 74.5 years per 1 000 persons in 1999-2001 to 67.7 in 2006-08. On the other hand, the morbid illness associated with disease and injury conditions increased by around 5 per cent in the same period. Within this rate of healthy life years, new instances of non-communicable diseases such as cancer, diabetes and cardiovascular conditions increased by more than 10 per cent.

<table>
<thead>
<tr>
<th>Morbidity due to Non-Communicable conditions</th>
<th>3 yearly average crude rates per 1 000 persons</th>
<th>1999-2001</th>
<th>2006-08</th>
<th>Absolute change</th>
<th>Relative change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant neoplasms (cancer)</td>
<td>5.4</td>
<td>6.0</td>
<td>0.7</td>
<td>12.1%</td>
<td></td>
</tr>
<tr>
<td>Other neoplasms (non-cancerous)</td>
<td>0.2</td>
<td>0.2</td>
<td>0.0</td>
<td>-2.5%</td>
<td></td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>6.7</td>
<td>7.3</td>
<td>0.6</td>
<td>9.3%</td>
<td></td>
</tr>
<tr>
<td>Endocrine and metabolic disorders</td>
<td>1.0</td>
<td>1.2</td>
<td>0.1</td>
<td>13.4%</td>
<td></td>
</tr>
<tr>
<td>Mental disorders</td>
<td>17.1</td>
<td>16.9</td>
<td>-0.3</td>
<td>-1.5%</td>
<td></td>
</tr>
<tr>
<td>Nervous system and sense organ disorders</td>
<td>16.0</td>
<td>17.6</td>
<td>1.6</td>
<td>9.9%</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>6.6</td>
<td>7.3</td>
<td>0.8</td>
<td>11.4%</td>
<td></td>
</tr>
<tr>
<td>Chronic respiratory disease</td>
<td>7.6</td>
<td>7.8</td>
<td>0.2</td>
<td>2.8%</td>
<td></td>
</tr>
<tr>
<td>Diseases of the digestive system</td>
<td>2.2</td>
<td>2.3</td>
<td>0.1</td>
<td>2.9%</td>
<td></td>
</tr>
<tr>
<td>Genitourinary diseases</td>
<td>2.3</td>
<td>2.1</td>
<td>-0.2</td>
<td>-8.6%</td>
<td></td>
</tr>
<tr>
<td>Skin diseases</td>
<td>0.9</td>
<td>0.9</td>
<td>0.0</td>
<td>1.4%</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal diseases</td>
<td>5.2</td>
<td>5.6</td>
<td>0.4</td>
<td>7.1%</td>
<td></td>
</tr>
<tr>
<td>Congenital anomalies</td>
<td>1.0</td>
<td>1.1</td>
<td>0.1</td>
<td>11.6%</td>
<td></td>
</tr>
<tr>
<td>Oral conditions</td>
<td>1.2</td>
<td>1.3</td>
<td>0.0</td>
<td>3.8%</td>
<td></td>
</tr>
<tr>
<td>Ill-defined conditions</td>
<td>0.4</td>
<td>0.4</td>
<td>0.0</td>
<td>-1.2%</td>
<td></td>
</tr>
<tr>
<td>Morbidity</td>
<td>73.9</td>
<td>78.0</td>
<td>4.1</td>
<td>5.6%</td>
<td></td>
</tr>
</tbody>
</table>
The overall estimated impact of each disease category (morbidity and mortality) is estimated in yearly average estimated Disability Adjusted Life Years (DALYs) over three year periods, as shown below.

<table>
<thead>
<tr>
<th>Category</th>
<th>1999-2001</th>
<th>2006-2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rank</td>
<td>DALY</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>1</td>
<td>45 193.7</td>
</tr>
<tr>
<td>Malignant neoplasms (cancer)</td>
<td>2</td>
<td>42 834.0</td>
</tr>
<tr>
<td>Nervous system and sense organ disorders</td>
<td>3</td>
<td>28 172.9</td>
</tr>
<tr>
<td>Mental disorders</td>
<td>4</td>
<td>27 146.4</td>
</tr>
<tr>
<td>Chronic respiratory disease</td>
<td>5</td>
<td>17 414.8</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>6</td>
<td>12 583.1</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>7</td>
<td>9 880.0</td>
</tr>
<tr>
<td>Musculoskeletal diseases</td>
<td>8</td>
<td>8 528.9</td>
</tr>
<tr>
<td>Diseases of the digestive system</td>
<td>9</td>
<td>7 182.5</td>
</tr>
<tr>
<td>Genitourinary diseases</td>
<td>10</td>
<td>6 027.6</td>
</tr>
<tr>
<td>Total Top 10</td>
<td></td>
<td>89.1</td>
</tr>
<tr>
<td>Infectious and parasitic diseases</td>
<td></td>
<td>2 148.6</td>
</tr>
<tr>
<td>Total DALY</td>
<td></td>
<td>230 087.1</td>
</tr>
</tbody>
</table>

The 10 conditions contributing to almost 90 per cent of the total disease burden remained the same between 1999-01 and 2006-08, and at least eight of those conditions (or some sub-conditions) are associated with known behavioural, biomedical and/or social risk factors and determinants.

Infectious and parasitic diseases that once dominated the disease burden in Australia now only contribute approximately one per cent of the burden. This is largely due to a combination of effective immunisation programs, environmental health regulations and high-quality drinking water and sewerage systems.

Of the 1.6 per cent contribution of infectious and parasitic diseases to the total South Australian disease burden in 2006-20, 77 per cent of the burden resulted from the combination of HIV/AIDS (17 per cent), hepatitis B&C (28.6 per cent), septicaemia (11.1 per cent), diarrhoeal diseases (6.3 per cent), meningitis (4.5 per cent), chlamydia (4.8 per cent) and other sexually transmitted diseases (2.3 per cent).

4. Cardiovascular disease in South Australia

Results from the 2011-12 Australian Health Survey (AHS) indicate that South Australians (of all ages) had a higher proportion of people with self-reported diagnosed heart, stroke and vascular disease (5.2 per cent) compared with the rest of Australia (4.7 per cent). This included people with ischaemic heart disease, cerebrovascular disease, oedema, heart failure, and diseases of the arteries, arterioles and capillaries.

Proportion of people with self-reported diagnosed heart, stroke and vascular disease

Source: Australian Health Survey: First Results, 2011-12 – South Australia.
5. Cancer in South Australia

Between 2004 and 2008, the average annual number of cancer cases diagnosed in Australia was 106,540 and on average, annually 8,768 of these cases were in South Australia.

Incidence (2004-2006) and mortality (2006-2010) of all cancers combined, Australia and South Australia.

Overall, the top five cancers recorded among persons in South Australia during 2009 were prostate, colorectal, female breast, lung and melanoma. These five cancers accounted for up to 61 per cent of all cancers. Prostate cancer continued to be the most common cancer recorded, representing 19.4 per cent of all cancers, followed by colorectal cancer 13.2 per cent and female breast cancer 11.7 per cent.

<table>
<thead>
<tr>
<th>Site name</th>
<th>New cases</th>
<th>Rate Lifetime risk</th>
<th>% all Cancers</th>
<th>Deaths</th>
<th>Rate Lifetime Risk</th>
<th>% all Cancers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>1,804</td>
<td>91.2 1 in 13</td>
<td>19.4</td>
<td>278</td>
<td>12.6 1 in 204</td>
<td>7.9</td>
</tr>
<tr>
<td>Colorectal</td>
<td>1,230</td>
<td>61.5 1 in 23</td>
<td>13.2</td>
<td>444</td>
<td>21.5 1 in 77</td>
<td>12.6</td>
</tr>
<tr>
<td>Female breast</td>
<td>1,086</td>
<td>57.9 1 in 21</td>
<td>11.7</td>
<td>261</td>
<td>13.0 1 in 111</td>
<td>7.4</td>
</tr>
<tr>
<td>Lung</td>
<td>862</td>
<td>43.3 1 in 32</td>
<td>9.3</td>
<td>681</td>
<td>33.6 1 in 43</td>
<td>19.3</td>
</tr>
<tr>
<td>Melanoma</td>
<td>674</td>
<td>36.1 1 in 39</td>
<td>7.2</td>
<td>93</td>
<td>4.6 1 in 329</td>
<td>2.6</td>
</tr>
<tr>
<td>non-Hodgkin lymphomas</td>
<td>419</td>
<td>21.8 1 in 61</td>
<td>4.5</td>
<td>128</td>
<td>6.0 1 in 303</td>
<td>3.6</td>
</tr>
<tr>
<td>Leukaemia</td>
<td>282</td>
<td>14.6 1 in 99</td>
<td>3.0</td>
<td>133</td>
<td>6.3 1 in 303</td>
<td>3.8</td>
</tr>
<tr>
<td>Unknown primary</td>
<td>249</td>
<td>12.1 1 in 140</td>
<td>2.7</td>
<td>196</td>
<td>9.3 1 in 196</td>
<td>5.5</td>
</tr>
<tr>
<td>Uterus</td>
<td>218</td>
<td>11.1 1 in 103</td>
<td>2.3</td>
<td>29</td>
<td>1.4 1 in 1,044</td>
<td>0.8</td>
</tr>
<tr>
<td>Pancreas</td>
<td>216</td>
<td>10.6 1 in 130</td>
<td>2.3</td>
<td>175</td>
<td>8.6 1 in 187</td>
<td>5.0</td>
</tr>
<tr>
<td>All Cancers</td>
<td>9,297</td>
<td>478.3 1 in 3</td>
<td>100.0</td>
<td>3,533</td>
<td>171.8 1 in 10</td>
<td>100.0</td>
</tr>
</tbody>
</table>


6. Diabetes in South Australia

The 2011-12 AHS defines the presence of diabetes as those persons who reported having been told by a doctor or nurse that they had diabetes and that it was current and long-term; that is, their diabetes was current at the time of interview and had lasted, or was expected to last, six months or more. Therefore this data represents people with Type 1, Type 2 and unknown diabetes, but does not include people who currently had, or was previously diagnosed with gestational diabetes.

South Australians had a higher proportion of people currently diagnosed with diabetes (4.7 per cent) compared to all Australians (4.0 per cent). Specifically, there were a higher proportion of South Australian males with diabetes (5.9 per cent) compared to Australian males (4.3 per cent), however there were no differences in females (3.6 per cent).
Proportion of people with self-reported diagnosed Diabetes

![Proportion of people with self-reported diagnosed Diabetes](image)

Source: Australian Health Survey: First Results, 2011-12 – South Australia.

7. Risk factors and determinants

Various behavioural, biomedical and social risk factors and determinants have been associated with a number of the conditions or sub-conditions that contribute to the majority of the disease burden in South Australia, as summarised in the following table. The most important risk factors linked to preventable disease in Australia are tobacco smoking, physical inactivity, excessive alcohol use, poor nutrition and overweight/obesity.

<table>
<thead>
<tr>
<th>Conditions</th>
<th>Cardiovascular disease</th>
<th>Cancer</th>
<th>Mental disorders</th>
<th>Chronic respiratory disease</th>
<th>Diabetes mellitus</th>
<th>Unintentional injuries</th>
<th>Musculoskeletal diseases</th>
<th>Genito-urinary diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco smoking</td>
<td>✓</td>
<td>✓</td>
<td>+</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>✓</td>
<td>✓</td>
<td>+</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Alcohol misuse</td>
<td>✓</td>
<td>✓</td>
<td>+</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Poor nutrition</td>
<td>✓</td>
<td>✓</td>
<td>+</td>
<td>?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Overweight / obesity</td>
<td>✓</td>
<td>✓</td>
<td>+</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>✓</td>
<td>✓</td>
<td>?</td>
<td>✓</td>
<td>?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>✓</td>
<td>✓</td>
<td>?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Impaired glucose tolerance</td>
<td>?</td>
<td>?</td>
<td>✓</td>
<td>✓</td>
<td>?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Proteinuria</td>
<td>✓</td>
<td>✓</td>
<td>?</td>
<td>✓</td>
<td>?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic stress</td>
<td>✓</td>
<td>✓</td>
<td>?</td>
<td>✓</td>
<td>?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Social support</td>
<td>✓</td>
<td>✓</td>
<td>?</td>
<td>✓</td>
<td>?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Depression</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>?</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Early life</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Low socioeconomic status</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

✓ There is a well-established direct association between this risk factor and the disease
∨ There is some evidence of an association between this risk factor and the disease
+ Associated/comorbidity (Sources: 62,63,64,65)

7.1 Smoking

The Health Omnibus Survey has monitored the proportion of current smokers in South Australia aged 15 years and over since 2002. Current smokers were classified as those who reported smoking daily, weekly and less than weekly. Since 2002, the proportion of South Australians aged 15 years and over who reported being a current smoker decreased. In 2011, the proportion of South Australians aged 15 years and over who reported being a current smoker was 17.6 per cent.
Proportion of South Australians aged 15 years and over who reported being a current smoker, 2002-2011.

Source: South Australian Health Omnibus Survey (HOS) 2011.

7.2 Alcohol misuse

The Health Omnibus Survey has monitored the lifetime and single occasions risk of alcohol related harm since 2011 of South Australians aged 15 years and over using the 2009 NHMRC guidelines. To be considered at risk of alcohol related harm over a lifetime, a person must report consuming on average, two or more standard drinks per day over the previous 12 months. To be considered at risk of alcohol related injury on a single occasion a person must report consuming in excess of four standard drinks on a single occasion of drinking. The following presents the proportion of South Australians who drink at this level on at least one occasion in the last 12 months. In 2012, the proportion of South Australians aged 15 years and over at risk of lifetime alcohol related harm was 22.5 per cent. The proportion of South Australians aged 15 years and over who are at risk of lifetime alcohol related harm is shown in the figure below.

Proportion of South Australians aged 15 years and over at risk of alcohol related harm over a lifetime, 2011-2012.


The proportion of South Australians aged 15 years and over who are at risk of alcohol related harm from a single drinking occasion is shown below. In 2012, the proportion of South Australians aged 15 years and over at risk of alcohol related harm from a single drinking occasion was 46.4 per cent.
Proportion of South Australians aged 15 years and over at risk of alcohol related harm from a single drinking occasion, 2011-2012.


7.3 Overweight and obesity
The South Australian Monitoring and Surveillance System monitors the proportion of South Australian adults aged 18 years and over who were overweight or obese. Respondents were classified as overweight or obese if they had a BMI of 25 kg/m2 or more as calculated using self-reported height and weight. Since 2002 the proportion of South Australian adults who were overweight or obese increased. In 2012, the proportion of South Australians who were overweight or obese was 59.0 per cent.

Proportion of South Australian adults aged 18 years who are overweight or obese, July 2002 – December 2012.


7.4 Overweight and obesity in children
The South Australian Monitoring and Surveillance System monitors the proportion of children aged 5 to 17 years who were overweight or obese since 2004. In the case where the respondent is under 16 years of age, the interview is conducted by proxy (parent or guardian). Since 2004 the proportion of overweight or obese children has decreased. In 2012, the proportion of overweight or obese children in South Australia was 25.8 per cent.
Proportion of South Australian children aged 5-17 years who are overweight or obese, January 2004 – December 2012.


7.5 Physical activity

The South Australian Monitoring and Surveillance System monitors the proportion of South Australian adults aged 18 years and over who reported meeting physical activity recommendations. Sufficient levels of physical activity is described as 150 minutes of walking, moderate and vigorous activity across at least five sessions each week, with vigorous activities to be multiplied by two to account for its greater intensity. Since 2003 the proportion of South Australian adults who met physical activity recommendations is shown in the figure below. In 2012, 40.3 per cent of South Australians met physical activity recommendations.

Proportion of South Australian adults aged 18 years and over who met physical activity recommendations, January 2003 – December 2012


8. Immunisation rates

Over the past 10 years South Australia has achieved high vaccine coverage rates in children, with the percentage of children in the state fully immunised by the time they are two years of age being equal to or greater than the Australian average. This level of vaccine coverage provides high protection against vaccine-preventable disease in children during their most vulnerable years.
Percentage of children full immunised aged 12 months to < 15 months of age as reported on the Australian Childhood Immunisation Register 2002-2012

Source: Australian Childhood Immunisation Register 2002-2012.

However, to maintain these high levels of protection, booster doses of vaccine are required at four years of age. By the time they are five years of age the percentage of children in South Australia receiving these booster vaccines (due at four years) is less than the national average although the gap is reducing.

Percentage of children full immunised aged 24 to < 27 months of age as reported on the Australian Childhood Immunisation Register 2002-2012

Source: Australian Childhood Immunisation Register 2002-2012.

According to the Australian Childhood Immunisation Register, at the end of 2012 there was an increase in vaccine coverage of South Australian children aged five years, with 91.54 per cent of children fully vaccinated for that age compared with 88.13 per cent in 2011.
Percentage of children full immunised aged 60 to < 63 months of age as reported on the Australian Childhood Immunisation Register 2002-2012

Note: In June 2008 assessment of being fully immunised changed from age 72-75 months to 60-63 months
Source: Australian Childhood Immunisation Register 2002-2012.

There was also a significant increase in vaccine coverage of Aboriginal children in all age groups compared with the previous year. Specifically, there was an almost 8 per cent increase in vaccinated Aboriginal children at five years of age. The gap in vaccine coverage between the general population and Aboriginal children at five years of age is closing, with a decrease from 8.52 per cent in December 2011 to 3.97 per cent in 2012. Also, vaccine coverage of Aboriginal children at 12 months was significantly lower in 2011 than coverage of non-Aboriginal children of the same age, and initiatives are in place to close this gap.

9. Breast and cervical cancer screening

BreastScreen SA is a population-based, state-wide breast cancer screening mammography program funded by both the State and Commonwealth governments.

In line with the objectives of the BreastScreen Australia Quality Improvement Program, BreastScreen SA aims to reduce illness and death resulting from breast cancer through organised screening to detect cases of unsuspected breast cancer in women, enabling intervention at an early stage. Breast cancer screening mammography, which involves the taking of breast X-rays (mammograms) every two years, is primarily recommended for women aged 50-69 years without breast symptoms; however, women from the age of 40 years are eligible to attend.

The target participation rate for women in the target age group is >70 per cent. The age standardised participation rate for women in South Australia aged 50-69 years for 2009-2010 was 56.4 per cent, which was above the national rate of 55 per cent.

Age standardised participation rates of eligible women aged 50-69 in BreastScreen Australia

Source: AIHW analysis of BreastScreen Australia data
There has been a decreasing trend in participation rates since 2003 due to population growth in the target age group (2-3 per cent increase each year), radiography workforce shortages affecting screening capacity, and finite screening capacity.

For South Australian women in 2008, the lifetime risk of developing breast cancer before the age of 75 years was 1 in 10, making it the most commonly reported cancer for this population group and accounting for 27.6 per cent of all cancers diagnosed. However, the chance of dying from breast cancer before the same age was much less (around 1 in 65), accounting for 14.7 per cent of all cancer deaths in women in 2008.

In 2008 screen-detected invasive breast cancers represented 35.5 per cent of all such cancers diagnosed in South Australia for women aged 40 years and older, and 49.3 per cent for women aged 50-69 years in SA.

In December 2012, following stringent internal routine quality assurance activities which identified a lower than expected cancer detection rate under digital technology, a system-wide review of BreastScreen SA was commissioned with the two-fold purpose of identifying any cancers which may have escaped detection (and so enable women to receive appropriate care as soon as possible) and to determine the cause of the lower than expected cancer detection rates. The scope of the review included the re-reading by independent external radiologists of 53 104 digital mammograms with a normal result, the undertaking of a root cause analysis and six separate lines of inquiry conducted by external subject matter experts.

The final report of the BreastScreen SA Review dated 17 May 2013 includes a number of key recommendations which focus on, amongst other measures, the development of a quality improvement plan and the implementation of quality assurance activities at BreastScreen SA.

BreastScreen SA and SA Health are committed to implementing all the recommendations related to the root cause analysis and the review of digital mammography re-reads to ensure BreastScreen SA continues to provide their clients with a high quality service. A number of these recommendations have already been implemented or are currently underway.

BreastScreen SA will progress with completing replacement of the existing client information system during 2013 with planned implementation from June 2013.

The roll-out of digital screening services will also be completed, with the establishment of an additional fixed digital screening clinic servicing the far southern metropolitan area commencing operations as from 1 July 2013.

The full introduction of digital technology is expected to improve the capacity and productivity of the program, with an expected increase in throughput by 23 000 screening mammograms by 2015-16 and a participation rate expected to reach as high as 66 per cent by 2015-16.

Through increased participation in cervical screening, more cervical abnormalities can be detected and treated that could otherwise develop into cervical cancer. The target group of the National Cervical Screening Program is women aged 20-69 years.

Age standardised participation rates of eligible women aged 20-69 in National Cervical Screening Program

The observed decrease in the participation rate across Australia is attributable to an increase in the number of women in the eligible population, rather than a decrease in the total number of women participating.
10. **Self-assessed health status**

Self-assessed health status is a commonly used proxy measure of actual health status and provides insights into how people perceive their own health in relation to lifestyle behaviours or disease.\(^\text{67}\) Although the SF1 is a measure of perceived rather than actual health and is not without its limitations, research has indicated that self-assessed health status is a reasonable predictor of mortality and morbidity.\(^\text{68}\)

The South Australian Monitoring and Surveillance System monitors the self-assessed health status of South Australians aged 18 years and over. Since 2002 the proportion of South Australian adults with a self-assessed health status of excellent or very good has remained constant. In 2012, 55.9 per cent of South Australians considered their health to be either excellent or very good.

**Self-assessed health status of South Australians aged 18 years and over, July 2002 – December 2012**

![Graph showing self-assessed health status](image)


As shown in the figure below, the self-reported health status of South Australians decreased with age. As age increased, the proportion of people indicating their health status was poor increased, while those who reported their health status as either excellent or very good decreased.

**Self-assessed health status of South Australians aged 18 years and over by age groups, January 2008 – December 2012**

![Graph showing self-assessed health status by age](image)

Self-assessed health status varied across socioeconomic groups. South Australians who were in the lowest SEIFA category had the lowest proportion of people who rated their health status as excellent or very good (47.6 per cent), compared to those in the highest SEIFA category who reported the highest proportion of people with an excellent or very good health status (62.4 per cent).

Self-assessed health status of South Australians aged 18 years and over by SEIFA, January 2008 – December 2012


Those residing in the Adelaide – Central and Hills region had the highest proportion of people who reported their health status to be excellent or very good (60.6 per cent). People residing in the Barossa-Yorke-Mid North and South Australia – Outback regions reported the highest percentage of people with a fair or poor health status (19.1 per cent).

Self-assessed health status of South Australians aged 18 years and over by SA4 region (2008-2012)

11. Psychological distress

One method of indicating a possible mental illness or quantifying the mental health and wellbeing of individuals and the population is by measuring levels of psychological distress using the Kessler 10 (K10) psychological distress scale. The K10 scale is designed to measure non-specific psychological distress, based on questions about level of nervousness, agitation, psychological fatigue and depression in the past 30 days.

The proportion of adults in Australia who experienced high/very high psychological distress reduced from 12.6 per cent in 2001 to 10.8 per cent in 2011-12. Comparative South Australian results were higher at 14.1 per cent and 11.4 per cent respectively.

The South Australian Monitoring and Surveillance System monitor the proportion of South Australian adults aged 18 years and over who reported having psychological distress since 2002. Since 2002 the proportion of South Australian adults with psychological distress has decreased. In 2012, the proportion of South Australians with psychological distress was 8.9 per cent.

**Proportion of South Australian adults aged 18 years and over with psychological distress, July 2002 – December 2012.**

![Proportion of South Australian adults aged 18 years and over with psychological distress, July 2002 – December 2012.](image)


As shown in the figure below, adults aged 18 to 29 years reported the highest levels of psychological distress (14.3 per cent) in 2012. Adults aged 65 years and over had the lowest proportion of people with psychological distress (5.8 per cent).

**Proportion of South Australian adults aged 18 years and over with psychological distress by age group, December 2012.**

![Proportion of South Australian adults aged 18 years and over with psychological distress by age group, December 2012.](image)

South Australians in the lowest SEIFA category reported the highest levels of psychological distress (13.9 per cent), followed by those in the low SEIFA category (9.2 per cent).

Proportion of South Australian adults aged 18 years and over with psychological distress by SEIFA, December 2012.


The proportion of people with psychological distress by SA4 region is shown below. South Australians in the Adelaide-North region reported the highest proportion of people with psychological distress (10.0 per cent) compared to the Adelaide-Central & Hills region with the lowest proportion of psychological distress (6.9 per cent).

Proportion of South Australian adults aged 18 years and over with psychological distress by SA4 region, January 2008 – December 2012.

Vision

South Australia: A better place to live.

> Health is part of our lives – it helps us achieve all that we want.
> Our health is protected and improved when we work together to develop better neighbourhoods and communities.
> People can be healthier when they have the chance to live healthier lives.
South Australia: A Better Place to Live – Priorities

The Plan’s vision for South Australia to be a better place to live starts with four priority areas:

> Stronger and Healthier Communities and Neighbourhoods for All Generations
> Increasing Opportunities for Healthy Living, Healthy Eating and Being Active
> Preparing for Climate Change
> Sustaining and Improving Public and Environmental Health Protection

These four areas will be the basis for further planning and action by Local Government and Public Health Partner Authorities across State Government, the health system and the non-government sector.

The choice of these four priority areas was informed by an assessment of the key public health issues and opportunities in South Australia, and is based on a pragmatic assessment of the conditions required to be developed as part of the first Plan. Their selection was informed by a consideration of the following six factors:

Factors used to select priorities

> a realistic place to start – achievable gains able to be identified and early ‘wins’ likely
> potential to address issues of clear public health concern and amenable to public health intervention, with a preference towards the capacity to address interlocking public health issues simultaneously
> potential for widespread impact on community health and wellbeing
> focus on ‘upstream’ determinants and preventive actions leading to the best investment for effort
> related to already identified policy attention and action across sectors and between spheres of government
> potential to be integrated into existing planning processes and policies

The four priorities identified in this Plan are to be read and understood not as four separate streams of planning, but are designed, where relevant, to relate to and reinforce each other. For example at the level of specific strategies within a Local Council area, a particular plan or intended action may contribute to the achievement of several of these priorities.

In conjunction with the Local Government Association, SA Health will facilitate capacity development, consistent approaches and, where relevant, coordinated action across these priority areas. This will include the further refinement of specific data sets to support more focused planning in these areas, identifying and synthesising relevant research and developing consistent evaluation frameworks, collecting evidence for effective interventions and strategies to address priority issues, sponsoring and coordinating joint planning among Local Councils and Public Health Partner Authorities, and jointly providing training opportunities for relevant staff in Councils and Public Health Partner Authorities.
1. Stronger and Healthier Communities and Neighbourhoods for All Generations

This public health priority is concerned with the physical and social infrastructure of where we live. It is important to ensure that our cities, towns and neighbourhoods are designed in ways that are mindful of those factors that contribute to health. This places a focus on how to make our communities more liveable, walkable, inclusive and accessible. It can be as straightforward as looking at ways of improving access to parks and playgrounds, improving footpaths and street lighting, increasing cycle ways and improving transport plans generally. It can also include increasing opportunities for social connectedness, volunteering and other forms of community participation, as well as developing and implementing community safety strategies.

In conjunction with Public Health Partner Authorities, Local Councils are recognised for their roles in improving the health and wellbeing of their communities. SA Public Health Act provides for Councils (either individually or collectively) to prepare Regional Public Health Plans for improving the health and wellbeing of their neighbourhoods and communities.

The State Government's strategic priority Safe Communities Healthy Neighbourhoods identifies the State Public Health Plan and local plans by Councils as key features in the delivery of this priority.

Following the announcement of the Government’s new focus on seven strategic priorities in February 2012, the Premier made a further announcement indicating that the Government will increasingly focus on these priorities and use them to shape its legislative agenda and budget processes. Identifying “Safe Communities Healthy Neighbourhoods” as one of seven priorities recognises the need to sustain and strengthen the relationship between State and Local Governments. Both spheres of government play significant roles in protecting sustaining and improving community life, community health and community safety. Increasingly these spheres of government will strengthen their coordination and complementarity to ensure that communities will have integrated responses to issues that affect their wellbeing. Public health planning as described in SA Public Health Act provides one mechanism for ensuring the development of greater integration of action in identified areas of need.

There are many components that contribute to making our communities better places to live, and many have direct bearing on people’s health. One way of summarising these components has been articulated in the four over-arching CHESS Principles – Connected Environments, Healthy Eating Environments, Safe Environments and Sustainable Environments – which are essential to guaranteeing healthy populations and places.

Local Councils are encouraged to consider the four principles for healthy environments: Connected Environments, Healthy Eating Environments, Safe Environments and Sustainable Environments and related concepts and factors in their planning to develop stronger and healthier communities.
A note on community safety

Community safety can be seen in many ways. It has to do with safety in our homes, in our streets, and where we work, learn, relax and play.

What happens in our hospitals is one way of capturing some of what impacts on community safety. In Australia in 2007-08 (the latest reporting year), of the six most reported identifiable causes of community injury, falls accounted for the largest proportion of hospitalisations (37 per cent) across all age groups except those aged 15-24 years. The leading cause in this last age group was transportation-related injuries (mainly road trauma).

Globally, road crashes are the single largest form of unintentional injury (WHO 2008). Responding to this challenge the South Australian Government has initiated a comprehensive strategy, *Towards Zero Together: South Australia’s Road Safety Strategy 2020*, which is supported by the most recent *Road Safety Action Plan 2013-2016*. This Action Plan has been developed by the Department of Planning Transport and Infrastructure in conjunction with SAPOL, the Motor Accident Commission, the RAA, the LGA and the Centre for Automotive Safety Research (Adelaide University). The Action Plan was developed with wide community input.

Intentional self-harm including suicide is seen as a major public health issue. Even though the suicide rate has decreased in Australia over the past decade by 17 per cent, suicide remains the leading cause of death among Australians 15-34 years. Males account for approximately three out of four suicide deaths. South Australia has also experienced a decline in suicide rates (particularly in regional parts of the state) although we are still trending slightly above the national average. This somewhat higher trend line when compared with the national average was stronger when factoring in all forms of intentional self-harm. The South Australian Government recently initiated the South Australian Suicide Prevention Strategy 2012-216 to respond to this community-wide issue.

In terms of hospitalisations caused by community injury in Australia, assaults made up six per cent of all causes. Three times as many males as females were hospitalised from injuries resulting from assault. Overall, the most common place for an assault injury to occur was in the home by a spouse or domestic partner, with women recording the highest number of assaults in this category. Men were mainly assaulted in more public places (service or trade areas). For males aged 0-14 years, the school was the most common place, whereas trade and service areas (including hotels and entertainment venues) were the most common place for assaults in males aged 15-24 and 25-44 years.

Overall crime rates are another way of viewing community safety. South Australia’s crime rates have fallen significantly over the past decade, yet our fear of crime remains high and contributes to growing isolation and the breakdown of community trust and community connections, and negatively affects our mental health. The groups who feel the most vulnerable include women, especially mothers with low income, and people experiencing mental illness. Perceptions of safety are influenced by many factors including fear of street crime, but can also be affected by lack of amenity caused through graffiti, excessive litter and a general state of disrepair in our neighbourhoods.

Action on community safety can take many forms, including designing out hazards in public spaces, integrating crime prevention through environmental design (CPTED) principles into development projects and urban design, developing parks and recreation facilities mindful of the needs of different ages and abilities, providing community-based falls prevention programs, providing appropriate in-home care and support, assisting volunteer programs and other support that promotes community cohesion and resilience, and developing systems for caring for the vulnerable in heatwaves or during bushfires. Additional safety mechanisms can include enhanced street lighting and other security measures in public spaces, and greater cooperation among police, emergency services and Local Councils in designing community safety strategies.

At the heart of responses to all dimensions of community safety is greater and more focused cooperation between spheres of government and greater engagement of the community in developing its own safety.

Hands up for Our Community

Stronger healthier communities are communities which are safe, connected and involved. Communities aren’t manufactured by governments or by businesses. It’s the people who live there that can make them better places to live. Yes government and business planning and decisions are important and in many ways set the scene for how a community may function. But it’s the people who live there who make a difference to how it actually works.

A clear expression of the power of people to impact on community life is through South Australians’ commitment to volunteering. Both formally and informally – both taking on volunteer roles with Councils or other organisations and even just lending a hand to help out a neighbour, people volunteer their time every day.
Volunteers for stronger communities

Volunteers help make South Australia work. Volunteers make a difference to our communities, to our lives and to their own lives. Volunteering has profound economic and social benefits for our State. A 2011 survey identified that the contribution of volunteers in South Australia (based on 2006 data) is valued at more than $4.89 billion annually. Their efforts equate to a volume of work equivalent to 107 400 full time jobs across the State. Also the trend in volunteer’s contribution to the life of our State continues to rise. For example, the value of volunteering in South Australia has more than doubled over the 15 years from 1992 to 2006.80

This only accounts for the direct economic benefits of volunteering. There are even greater benefits for our community which cannot be easily measured on a balance sheet.81 There is a strong link between levels of volunteering and levels of social capital in communities. Social capital is in essence the glue that holds our communities together. It is bound up with concept of trust and confidence in each other, our governments and institutions, the degree to which we feel able to rely on each other and support each other and how cohesive we experience our communities and neighbourhoods.

The benefits of volunteering and social capital more generally have been well studied. For example in the area of crime rates it has been shown that there are strong inverse relationships between levels of voluntary membership and crime.82 These studies found a strong negative correlation between his measure of social capital and homicide.83 Further studies noted that reported property crime increased at the same time that social capital levels were falling and that there were strong negative correlations between measures of voluntary membership and assault, robbery and burglary.84, 85

The link between social capital and health has also been closely studied. It has been observed that all-cause mortality rates are lower in communities where social capital rates are higher.86 Similarly levels of trust were also highly inversely correlated with variations in total mortality levels, coronary heart disease, malignant neoplasms, cerebrovascular disease, unintentional injury and infant mortality.87 The positive link between increasing levels of social capital and improved educational outcomes has also been clearly observed.88

In short volunteers not only provide concrete and necessary services for our communities, but by contributing to improved social capital, volunteering also strengthens our communities’ health, safety and cohesion.

The South Australian Government supports the engagement of volunteers, the development of standards and overall coordination through the Office of Volunteers. This Office, on behalf of the State Government, also coordinates the partnership with the volunteer community: “Advancing the Community Together”.89 State Government agencies engage volunteers across such areas as health, community, conservation and heritage and emergency and recovery services. Non-government organisations are large users of volunteers and indeed many have been founded and developed through the efforts of volunteers. Local Councils also include volunteers in the services they provide and a majority of Councils employ managers to coordinate and support their volunteers.90

Building stronger healthier communities for all generations taps the energy commitment and drive of people willing to put their hands up and put themselves out for their neighbours and communities. Volunteers are a vital part of making South Australia a better place to live.

WatchSA: Working together for crime prevention and community safety

South Australian Police (SAPOL) provides coordination, assistance and support to communities through WatchSA. It is estimated that over 20 000 volunteers participate in this program. WatchSA includes Neighbourhood Watch, Business Watch, School Watch, Health Watch and Transit Watch.

Neighbourhood Watch

Neighbourhood Watch continues as the WatchSA flagship program. An average Neighbourhood Watch area covers between 600-1 200 homes providing a State wide reach of over 600 000 residences and covering two thirds of the South Australia’s population.

Business Watch

Business Watch now operates in a wide variety of shopping centres and commercial precincts throughout the State as well as on an industry sector basis.

There are 88 Business Watch programs, including five whole of business sector groups. A substantial increase in 2012-13 is partly due to the development of a Winery Watch initiative under Business Watch in the Southern Vales district.
**School Watch**

School Watch has expanded to incorporate every educational facility in the government and independent/private sector as a security and crime reduction initiative. All 1400+ state and private pre-primary, and secondary schools are part of the School Watch program.

The School Watch Level 1 Certification program was launched at Westbourne Park Primary School in June 2008. The School Watch Level 1 Certification initiative recognises those schools that achieve a high level of school safety, security, emergency/crisis preparedness and community interaction. To date 109 schools have achieved Level 1 Certification.

Level 1 Certification and the Schools Forum format has also provided a valuable forum to provide education and awareness to schools regarding such matters as assaults, bullying and other related incidents. WatchSA together with Safer Communities Australia Inc. is in the process of adapting the Safer Communities ‘Safety Ambassadors’ program for implementation on the APY Lands. The Safety Ambassadors programs utilises students within schools to promulgate safety and security awareness messages to other students.

**Health Watch**

Health Watch now operates in 97 hospitals and allied health sites across the State. It has expanded to incorporate safety and security within the wider community health sector and has integrated a computer based incident management system across the sector. Health Watch is expected to continue to expand into the community through third tier organisations (private medical surgeries and clinics). Work continues with Nganampa Health on the wind out of the program across the APY Lands.

**Transit Watch**

Transit Watch operates in the passenger transport system with an emphasis on passenger safety and depot security. Administered corporately by Transit Services Branch, the program operates on all bus, train, tram and taxi services in the greater metropolitan area.

In 2012-13 the existing community groups working with the Department of Planning Transport and Infrastructure (DPTI) monitoring passenger transport infrastructure, such as the “Friends of the Mitcham Railway Station” and other “Adopt a Bus Stop/Railway Station” groups were formed into Transit Watch Areas. To date 55 have been formalised.

**Neighbourhood Policing…Building Community Confidence**

In May 2012 members of the Elizabeth Neighbourhood Policing Team (NPT) – a localised policing initiative that works in close partnership with communities and other agencies to proactively problem-solve local issues – initiated discussions with several Government and Non-Government agencies in the Elizabeth area to gauge support to run a community engagement process which originated in the United Kingdom entitled PACT (Police and Communities Together). The concept is designed to bring both the community and agencies together with the intent of reducing crime and antisocial behaviour in a specifically focused area. The PACT process involves three phases; each supported by involved agencies with SAPOL providing primarily a coordination role;

As a result over 30 Government and Non-Government agencies committed a PACT to a week of action in September 2012 in an identified area in the Playford urban regeneration project area.

**Who was involved in the PACT action**

Residents
Neighbourhood Policing Team-Elizabeth
Playford Council (several service areas)
OPAL
Para West Adult Campus
State Emergency Service (SES)
Renewal SA
Local non-government organisations; Anglicare, NACYS, Uniting Communities, Church of Hope, Family by Family, Peachey Place
Local business; IGA, Bunnings, Mitre 10, Rubbish Collection Business.
Playford Council took the opportunity provided by the PACT week of action to concentrate the efforts of its services and support staff. For example, Neighbourhood Development staff with a team of volunteers helped with catering during the week for residents and volunteers, engaged in gardening activities, staffed the information trailer and provided admin support for the Neighbourhood Policing Team. Council’s Place Maker staff worked with residents on a fence mural and children’s activities; the Employment Officer was able to connect with residents throughout the week and helped hook them up to job networks and other support services; Council Graffiti staff helped clear up graffiti in the area; Council Parks Department helped residents with tree planting; and Civil staff attended to road and foot path maintenance.

The week of action included; street and house rubbish and clean up, repairs to all houses, renewing street signage and renewing of all street lighting, repainting and establishment of a community park. Additionally, residents engaged in learning programs run throughout the week, which focussed on basic home maintenance, healthy cooking and eating, budget management and other basic skills.

In just four days, fences were painted, gutters cleared, lawns mown, gardens weeded and window screens and walls repaired and a mural was painted on the fence of a new playground installed later by Renewal.

Through the PACT process residents reclaimed their street, made better connections with each other as well as community support services and built on their pride in the local area. The connection between the Neighbourhood Policing Team and residents was a positive experience as has been sustained.

The PACT action has not been limited to just the work of one week. Playford Alive and its partners including the Neighbourhood Policing Team are moving on to the next phase where they are developing a Police/Community Youth drop-in centre in a neighbourhood shopping centre. The partnership between local police, Playford Council, local services and local businesses is continuing with the owner of the shopping centre providing a period of free rent for the use of the shopfront.

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**Liveability and health in Australian cities and communities**

*Extract from Chapter 6 “State of Australian Cities” Report 2010*

‘*Liveability*

*Refers to the degree to which a place, be it a neighbourhood, town or city, supports quality of life, health and wellbeing for the people who live, work or visit. Cities considered to have a high degree of liveability tend to have a high level of, and widespread accessibility to, amenity. Amenity includes features such as open and green space; educational, social, cultural and recreational facilities. High-amenity places have not only higher financial value (property prices and rents) but also social, environmental, public health and cultural value (CABE 2007).*

*High-amenity locations have been shown to be associated with better physical and mental health (Berry 2007). Liveability encompasses these features of amenity as well as other characteristics of the built environment that reflect the way places are planned, constructed and connected. These characteristics of the built environment include the arrangement, design and construction of dwellings and other buildings, public transport systems, road networks and public spaces, walkability and accessibility to goods and services, and high quality communication technology. Liveability also refers to the elements of natural environment, such as low air pollution, the presence of parklands, trees, water or a view. Apart from the physical features of cities and localities, a range of social factors contribute to liveability, such as political stability, social cohesion, lower risks to personal safety, conviviality and social inclusiveness, aesthetics, diversity among the population, and heritage. While opinions vary about the precise characteristics of liveability, liveable cities are widely perceived to be healthy, attractive and enjoyable places for people of all ages, physical abilities and backgrounds.***

**Key findings**

> The design of urban environments can contribute to the health and wellbeing of communities by supporting active living, physical activity through walking, cycling and using public transport, and opportunities for social interaction.

> There is growing evidence that attractive, well-designed public open space is restorative, reducing mental fatigue and stress.

> Regular physical activity promotes physical and mental health. Research in Perth showed that adults who had access to large, attractive public open spaces were 50 per cent more likely to undertake high levels of walking.

The most commonly reported health conditions among children and young adults were respiratory conditions. Exposure to urban air pollution in Australia accounts for 2.3 per cent of all deaths.
**Health**

Public health refers to populations rather than individuals. The focus of public health is to prevent rather than treat disease. Major public health achievements in the 20th century included reductions in infant mortality, control of infectious diseases, dental hygiene, better nutrition, and improvements in vehicle and workplace safety.

Urban environments are strongly associated with public health concerns, with contributing factors being water and air quality, noise, temperature, access to open and green space, opportunities to exercise, and opportunities to have social interaction.

There is a strong socio-economic dimension to public health outcomes. A higher proportion of people in the lowest socio-economic groups have poorer health. Higher proportions are overweight, physically inactive and suffer mental illnesses.

A higher proportion of people in the lowest socio-economic groups live in areas characterised by poor urban design, inadequate infrastructure and facilities, and lack of healthy, affordable food options (Giles-Corti & Donovan 2002).

Convivial neighbourhoods and civic centres have attractively designed streets, buildings and public open space that encourage physical activity for people of all ages and range of abilities.

They increase the opportunities for positive social interaction between people. Creating convivial neighbourhoods and centres can support a sense of community and wellbeing among residents and has been associated with positive mental and physical health (Giles-Corti 2006).

Conversely, real and perceived crime, traffic and noise, monotonous streetscapes and building types, streets and locations that are not welcoming or create physical barriers for pedestrians, and a lack of other pedestrians in the area, all serve to heighten people’s anxiety, reduce the likelihood of incidental exercise, and reduce sense of community.

The following are three examples of action on the design and liveability of our neighbourhoods which have direct impacts on the health and wellbeing of individuals and communities.

1. **Health in Planning**

The shape of our communities the way they are planned, laid out and built have very significant implications for our health and wellbeing. SAHealth has engaged with the planning community over several years to promote and integrate the concept of health into planning. This has included participating in a strategic multi agency forum; the South Australian Active Living Coalition. Membership includes:

- National Heart Foundation (SA Branch)
- SA Health
- Renewal SA (Urban Renewal Authority)
- Office of Recreation and Sport
- The Department for Planning Transport and Infrastructure – (including Statutory Planning, Office for Cycling and Walking and TravelSmart)
- Planning Institute of Australia (SA Division)
- Local Government Recreation Forum
- Cancer Council of SA

Formed in 2008, the Coalition’s purpose is to work together to create places that encourage more South Australians to be more active every day. It does this by, working across Government, agencies and communities to make sure active living is on the agenda; investigating ways to include active living concepts into State Government planning policies that influence the design, development and management of the environment; working with property developers to make active living part of new residential developments and urban renewal projects in South Australia. The Coalition is also active in identifying and supporting research opportunities about the benefits of building active communities.
SA Health’s collaborative work in this area has led to significant gains since 2008. This has included supporting the work of DPTI (formerly PlanningSA and Renewal SA (formerly the Land Management Corporation) in a range of policy and planning reviews, as well as specific development projects. In particular SA Health contributed resources to assist in the development of the 30 Year Plan for Greater Adelaide and related Regional SA Plans, the renewal of the Planning Policy Library supporting these Plans and high level guidelines supporting health protection through urban design. These collaborations have enabled health factors to be built into the highest strategic level documents which are intended to guide the development of our State over the next 30 years.

Similarly a range of guidelines materials designed to assist the planning community have been developed collaboratively. These include Healthy by Design-SA, the award winning Streets for People, Transit Oriented Developments...Through a Health Lens, Planning for Health: A study on the integration of health and planning in South Australia and Creating Active Communities (Literature Review). Additionally SA Health has also collaborated in strategic development projects to test and apply these guidelines materials. These have included; with the SA Active Living Coalition- working closely with the developers of Lightsview, a new greenfields development in Adelaide, to incorporate Healthy by Design principles into the design and planning phases of this new suburb; working with DPTI and Renewal SA to incorporate Streets for People Design principles into the Bowden Village redevelopment, working with Marion City Council, developers and a range of other Government agencies to apply healthy TOD principles to the Castle Plaza redevelopment proposal.

SA Health is also supporting the University of South Australia to develop and deliver a Graduate Diploma in Public Health and the Built Environment (first offered in 2013). The program aims to ground students in the knowledge and skills required for urban and regional planning for improved health outcomes. The course will address the urban planning, the design of streets, parks, public and private open space, the implications for how open space is accessed, the availability of private and public space in settlements and how urban space and living conditions might provide or restrict opportunities for exercise and access to sources of fresh food.

Health in Planning – The Future

The work described above sets a solid foundation for ensuring the continued integration of health and planning. Recently the State Government announced a “once in a generation” review of South Australia’s Planning processes. The Expert Panel on Planning Reform, chaired by Brian Hayes QC, is established to review the State’s planning system and provide advice to the Government and Parliament for on potential reforms.

The Expert Panel is required to –

(a) review legislation relating to planning, urban design and urban renewal – including the Development Act 1993 and the Housing and Urban Development (Administrative Arrangements) Act 1995

(b) review the role and operation of all other legislation that impacts on the planning system

(c) review statutory and non-statutory governance and administrative arrangements relating to the planning system

(d) propose a new statutory framework, governance and administrative arrangements for the planning system, and

(e) consider any matters referred to the Panel by the Minister for advice.

Amongst other factor the Expert Panel in developing its recommendations has been asked to have regard to…

“liveable, affordable and healthy neighbourhoods”

SA Health will continue to work with its Coalition partners to assist in the work of the Expert Panel. SA Health in collaboration with its Active Living Coalition partners will also continue to advance the integration of health considerations in planning processes.

2. Increasing Open Space

In the 2013-14 State Budget the State Government announced an initiative costing approx. $4 million which would boost the availability of open space in our communities. Under this initiative approx. 20% of the land that is for sale at former school sites will now be retained as public open space for community use. This provides additional urban structure necessary to improve opportunities for recreation, sport and physical activity.
Partnerships for Planning

Health and urban planning is a two way street. The more we are able to align public health policy with urban planning and development policy the more likely we will be able to deliver better health outcomes and better planned and liveable communities.

In South Australia we have a strong foundation on which to continue to grow these partnerships. Below is an extract from the Department of Planning Transport and Infrastructure's response to the draft State Public Health Plan which underscores the strength of this foundation.

3. Community Access to School Facilities

There is strong community support for increasing access to school facilities. Schools are recognised as a valuable community resource for open space, sporting activities, recreation and other community events. Many schools across South Australia do open up and encourage local community access. However school facilities can be underutilised at certain times of the day or week. Community access to these facilities will help support increasing opportunities for healthy living. Responding to this clear community need the Department of Education and Child Development together with the Office of Recreation and Sport has developed the “Community Use of School Facilities” Guide for local Principals and School Governing Councils. This guide reaffirms the Government's commitment to facilitating community access to schools and underscores the intention of the Education Act 1972 (Section 102A) which provides for the Minister for Education and Child Development to permit access to school facilities for community use.

The guide promotes a Principal's awareness of the importance of facilitating community access and provides clear, straightforward guidance about how to manage it, including guidance for community members for how they can go about accessing facilities.

Local Councils

It is important to consider the needs of all ages and abilities when planning for healthier communities and neighbourhoods. Each Local Council will have a different population age structure – some have concentrations of younger families with children whereas others have a greater number of seniors.

Councils are encouraged to plan for the priority Stronger and Healthier Communities and Neighbourhoods for All Generations in ways that include specific recognition of the needs of different ages and abilities, and that build community connectedness.

Effective and integrated public health planning by Councils can:

> contribute to South Australian communities being vibrant, safe and healthy places to live in by supporting the development of healthy environments, places and spaces
> enhance the quality of life and productivity of their communities by promoting healthy weight for all ages
> promote food security through the adoption of effective food safety strategies and local food policies, promoting access to healthier foods
> introduce ‘health in planning’ concepts into urban renewal and development projects increase perceptions of community safety by partnering with crime prevention agencies to develop community safety strategies, by incorporating concepts of “Crime Prevention Through Environmental Design” (CPTED) where relevant, and by adopting strategies that increase social connectedness and support between residents.
Today’s children are spending less time outside in nature than any other generation in human history, resulting in health impacts (such as overweight and obesity as well as behavioural problems), and a growing disconnect with the natural world. An increasing body of research clearly demonstrates that children need nature. Experiences in nature help make children healthier and happier and can strengthen the social bonds of families and communities. Experiences in nature as a child can develop a greater appreciation of the natural world and lead to a sense of environmental stewardship later in life as children learn to value nature and recognise their role in protecting it.101

In 2009 the Council for the Care of Children published a comprehensive framework for improving the lives of young South Australians.102 An integral part of the framework was achieving healthy active living. It noted that:

- In 2006 children aged 0-19 years made up 25.0 per cent of the SA population (392 051 children):
  - 5.7 per cent were aged 0-4 years
  - 6.1 per cent were aged 5-9 years
  - 6.5 per cent were aged 10-14 years
  - 6.7 per cent were aged 15-19 years.
- In 2006 Aboriginal children aged 0-19 years represented 47.4 per cent of the SA Aboriginal population (12 115 children).
- In 2003 it was estimated that there were 38 100 children aged 0-14 years who had a disability, but there are no accurate data on the prevalence of disability in children.
- In 2006 there were an estimated 171 000 families with children aged under 15 years, and 23.1 per cent of children under 15 years of age were living in a one-parent family.

The State Government has also recently identified child development as one of its seven strategic priorities – Every Chance for Every Child.103 This priority is committed to developing South Australia as a more ‘child-friendly’ state. It also recognises the positive benefits of boosting health through more active living opportunities for children.

Physical activity is important for children’s current and future health. Children who are highly active have more favourable cardiovascular risk profiles and bone health, as well as leaner body mass and stronger, more resilient psychological and psychosocial wellbeing.

National guidelines for Australian children’s physical activity recommend that they perform at least 60 minutes of moderate-to-vigorous physical activity every day.104 This can include brisk walking, using playground equipment and playing sports. Recent studies have shown that participation in this type of activity decreases significantly between the ages of 9 and 15 years.105

Participation in organised sport is an important part of a child’s social development; more broadly, involvement in physical activity is also important for the development of motor coordination skills, teamwork and physical fitness. In recent years increasing awareness of the incidence of childhood obesity has highlighted the desirability, on health grounds, for children to participate in regular activity.

In Australia an estimated 63 per cent of children aged 5-14 years (1.7 million children) participated in at least one organised sport outside school hours in the 12 months to April 2009. Almost half of these children played two or more organised sports (30 per cent overall). Participation was higher among boys (70 per cent) than girls (56 per cent).

In 2009 the most popular organised sport for children was swimming, with a participation rate of 19.0 per cent. This was followed by outdoor soccer at 13.0 per cent and Australian Rules football at 8.6 per cent.

In South Australia the 2007 Australian Children’s Nutrition and Physical Activity Survey found that 67 per cent of children aged 9-16 years met national physical activity guideline recommendations.106
Active ageing

Australians are living longer. South Australia has a median age of 39.5 years with a faster ageing population than any other mainland state. By 2031 more than 20 per cent of our state's population will be over 65 years old.\(^{107}\)

Our population is culturally diverse, with nearly one in five South Australians born overseas. This cohort is increasing at a faster rate than the general population with over 50 per cent of South Australian residents born overseas aged over 50 years.

The majority of older people live healthy and socially productive lives, resident in their own homes, maintaining their independence, and accessing community care services as required. There is increasing recognition that active ageing and lifelong learning support long-term health and wellbeing.

Social isolation is a significant factor in wellbeing. In 2011, 34 per cent of 75-84 years olds and 53.8 per cent of the 85 year group lived alone. There is increased use of the health system as people age, with the last 12-18 months of life having a major impact on health resources.

Older people are a highly valuable community resource; serving as carers of family or friends and as volunteers – 20.8 per cent of older South Australians volunteer compared to 17.5 per cent across Australia and approximately 11 per cent (particularly in the 65-74 age group) are involved in unpaid childcare.

At the 2011 census, 9.5 per cent of South Australians over the age of 65 were in the workforce (over 24 000 people), with 52 per cent working part time. In 2011, the median age of South Australia’s largest employer, the state’s public sector, was 45.8 years.

In June 2012, 28.8 per cent of public sector staff were aged between 60 and 60 years; 7.6 per cent aged between 60 and 64 years and 2.4 per cent aged 65+.\(^{108}\) By 2023, the revised age eligibility for the age pension (67 years) will be fully implemented and people will be active in the workforce longer, a trend already occurring.

The SA Health: Health Care Plan 2007-2016 details the following:

- People aged 65-75 years are twice as likely to be admitted to hospitals as the rest of the population.
- People aged over 85 years are more than five times as likely to be admitted to hospitals.
- Older people with complex health needs due to multiple medical, social, cognitive and physical issues tend to have more visits to general practitioners and allied health professionals, use hospitals more frequently and for longer periods, and are prescribed more medication.
- Older people often take longer to recover from an illness or injury, resulting in the need for interventions over a lengthier period and involvement of community and aged care services.

A recent policy brief on ageing policy in South Australia\(^{109}\) noted that:

'Despite an overall participation rate of 62 per cent in sport and physical recreation (2010), only 44.4 per cent of South Australians aged 65+ belong to sporting, hobby, or recreation based organizations.'

**Sport and physical activity participation is currently characterised by:**

- Participation rates being slightly higher for older men than women, and higher in couple households (65 per cent) than lone households (58 per cent).
- A decline in participation in organized sport and physical activity with increasing age.
- Attendance at sporting events declining with age, with 29 per cent of 65+ people attending during the preceding 12 months (59.8 per cent of younger cohorts), indicating possible barriers to attendance.

Walking remains the most popular exercise for older age groups, followed by lawn bowls, golf and aerobics/gym fitness. Of those participating in sport and physical activity, 58 per cent utilize non-structured outdoor facilities such as parks, beaches, or most frequently, walking trails.
Active ageing (continued)

Social Activity

Greater majority of older people in SA maintain good social networks (98.4 per cent: HILDA, 2005), with 59.2 per cent having weekly contact with family or friends (ABS General Social Survey, 2006). A high proportion report adequate availability of both instrumental and emotional social support in times of crisis.

Cultural and community participation is characterised by:

> Similar patterns of attendance between older and younger cohorts but lower participation rates for older people (71.5 per cent and 91.8 per cent respectively)
> Cinemas were the most popular cultural venue, followed by libraries, botanic gardens, concerts, zoos and aquariums, art galleries, museums, theatre/musicals/performing arts.’
> Participation in services at places of worship is significant for older South Australians (37.8 per cent) as is attendance at community events such as festivals and fetes.’


In January 2013, the City of Unley became the first Council in South Australia to gain membership to the World Health Organisation’s Global Network of Age-friendly Cities and Communities.

In May 2013, the South Australian Government launched The Longevity Revolution: Creating a society for all ages, the report of Dr Alexandre Kalache, internationally renowned ageing specialist and South Australian Thinker in Residence. SA Health was the key partner in this residency and Dr Kalache’s report’s recommendations will assist in shaping health policy and programs around the needs of an ageing population in the 21st century.

Eat Well Be Active Actions

Launched in December 2011, the Eat Well Be Active Strategy for South Australia 2011-2016 sets out the South Australian government’s commitment to enhancing the wellbeing of all South Australians through increasing the proportion of people who eat a healthy diet, undertake regular physical activity and maintain a healthy weight.

This Strategy comprises a matrix of actions across the life course by individuals, governments, and the non-government, academic and business sectors as well as collaborative action within and across sectors (e.g. the food industry, public transport, retail, urban planning and agriculture).

The SA Health website www.sahealth.sa.gov.au provides easy to understand information about healthy eating and physical activity at all ages and stages of life and calls for action across the settings where people live, learn, work and play providing practical tools, sample policies and case studies. An online goal setting tool – My Healthier Today Pledge – encourages individuals to make commitments to adopt healthy behaviours and support others to do the same.

On the 23 of February 2013 it became mandatory for all large food outlets with twenty or more sites in South Australia to display the kilojoule content on their menus, so that adults can make more informed choices when purchasing from these venues.

A new lifestyle modification telephone coaching service will provide one:one coaching to help people adopt healthy lifestyles, lose weight or help prevent or manage chronic conditions such as heart disease and Type 2 Diabetes.

Currently under development, a new Healthy Organisations Pledge and recognition scheme will acknowledge those stakeholders that voluntarily take action to promote healthy eating and physical activity. Supermarkets, hotels, cafés and sports clubs are among the range of stakeholders that will be encouraged to be part of this scheme which will seek to engender a groundswell of support across the community.

Community Foodies utilises volunteers to promote healthy eating in their community and support disadvantaged communities to make healthy food choices. The management structure of Foodies is being transferred to a non-government organisation to ensure closer alignment to community needs.

Eight SA Government departments have made policy commitments in line with their own strategic directions to support healthy eating and physical activity. These actions provide mutual benefit for the individual government department, the Eat Well Be Active Strategy and the Public Health Plan.
Examples of current actions include:

Department of Planning, Transport and Infrastructure

> Supporting higher density mixed use and walkable neighbourhoods. For example increasing housing near greenways, retail centres, employment hubs and public transport to encourage increased active transport (walking and cycling) uptake

> Undertaking bicycle and pedestrian network planning to identify suitable routes to public transport stations and interchanges, including greenways and cycling and walking routes planted with indigenous species following public transport corridors or watercourses

> Supporting active travel and broaden public transport catchment areas through the provision of secure bicycle parking facilities at stations and interchanges.

Department of Environment, Water and Natural Resources

> Providing more exciting and innovative opportunities for people to participate in physical exercise through volunteering in parks and the Botanic Gardens, and in natural resource management activities, including developing specific programs to engage young people and the elderly

> Continue to work with partner organisations to support local communities to adopt healthy eating habits through the Kitchen Garden program

> Implement the People and Parks Visitor Strategy, including a series of projects to encourage all people, particularly the young, to visit parks and participate in physical activity to increase their fitness and wellbeing

> Promoting the physical health benefits of greenspace through the Adelaide Botanic Garden’s Garden of Health initiative.

Guidance materials that can assist are:

> 30 Year Plan for Greater Adelaide and related Regional Plans for South Australia

> Streets for People Compendium

> Healthy by Design SA

> Transit-oriented Developments (TODs): through a health lens

> Healthy Places and Spaces

> Age-friendly South Australia Guidelines for State Government

> Age-friendly Neighbourhoods Guidelines and Toolkit for Local Government

> Age-friendly Built Environments: opportunities for local government

> LGA Ageing Strategy 2011-16

> Council for the Care of Children: Look Out for Young South Australians

> Child and Youth Friendly Cities & Communities

> What Constitutes Child Friendly Communities and How are they built?

> UNICEF: Building Child Friendly Cities: a framework for action

> Crime Prevention Through Environmental Design (CPTED) Guidelines

> CHESS Principles for Healthy Environments: a holistic and strategic game plan for inter-sectoral policy and action

> Healthy Built Environments: a review of the literature

> Inquiry into Environmental Design and Public Health in Victoria

> Easy Steps: a tool for planning, designing and promoting safe walking

> Good for Business$: the benefits of making streets more walking and cycling friendly

> Playground Manual (2nd edition)

> The Built Environment: Designing Communities to Promote Physical Activity in Children
2. Increasing Opportunities for Healthy Living, Healthy Eating and Being Active

Non-communicable conditions threaten our individual health and the productivity and vitality of our community. Overweight and obesity and low levels of physical activity are major risk factors for many non-communicable conditions (such as type 2 diabetes, stroke, ischaemic heart disease and certain forms of cancer) as well as contributing to overall mortality. This is not only a problem for overweight individuals; it’s a problem for us all. More and more of our tax dollars are going to support acute care for people suffering from these conditions. This means that there can be fewer resources for other important areas of community support and community life. Similarly, these conditions threaten the productivity and the eventual prosperity of our communities as more and more people experience their disabling effects.\textsuperscript{130,131}

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<tr>
<th>Health Consequences of Overweight &amp; Obesity\textsuperscript{132}</th>
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<tr>
<td>Overweight and obesity increases the risk of many health conditions, including the following:</td>
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<tr>
<td>&gt; Coronary heart disease, stroke, and high blood pressure.</td>
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<tr>
<td>&gt; Type 2 diabetes.</td>
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<td>&gt; Cancers, such as endometrial, breast, and colon cancer.</td>
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<td>&gt; High total cholesterol or high levels of triglycerides.</td>
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<td>&gt; Liver and gallbladder disease.</td>
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<td>&gt; Sleep apnea and respiratory problems.</td>
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<td>&gt; Degeneration of cartilage and underlying bone within a joint (osteoarthritis).</td>
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<tr>
<td>&gt; Reproductive health complications such as infertility.</td>
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<td>&gt; Mental health conditions</td>
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The good news is that the threat caused by excessive weight and insufficient physical activity can be reduced by even small changes in how active we are and in what we eat. These changes may be a matter of personal choice but the choices can be greatly influenced by the opportunities available to us. Planning for healthier communities and neighbourhoods can boost opportunities for more physical activity as well as improving secure availability of fresh, nutritious and safe food.

Local Councils are encouraged in particular to include considerations for boosting opportunities for physical activity and access to healthy food in their public health planning.

SA Health through the Eat Well Be Active Strategy 2011-16 will continue to support policy changes, and information and social marketing campaigns, as well as supporting local communities to eat well and be active. SA Health will also continue to develop and recommend policy and regulatory responses designed to increase consumer information and choice and to make healthier choices the easier choices.
How can you choose to eat healthy food if you don’t have enough information to make healthy choices? This is the issue behind moves to give consumers more information about the choice of food they are buying and eating. Processed packaged food is an increasing component of people’s diets. People are increasingly looking for healthy choices but are faced with a number of mixed messages on food labels which can be difficult to interpret (e.g. 97 per cent fat free for food which is in fact high in sugar content).

Currently food labelling laws require a nutrition information panel to be included on a label. However this detailed label can be hard to find and understand. The UK has developed traffic light system as a front- of-pack labelling scheme to assist consumers to easily compare products and understand their nutritional value. However in Australia the food industry does not support the use of traffic light colours and has developed the % Daily Intake Guide for use on the front of food packages instead.

Australian Food Ministers have been considering what would be the best approach for Australia for a number of years and in December 2011 agreed to develop an interpretive front of pack labelling system. This work has been undertaken in partnership with industry, public health, health professional and consumer groups.

In spite of these groups having wide ranging and sometimes opposite views, a consensus model for simple, easy to understand food labelling has been developed and was endorsed by Food Ministers in June 2013. The design is based on the results of consumer testing and consists of a Health Star Rating out of five stars with more stars being a better nutritional choice. Information on the saturated fat, total sugar, energy and salt content of the food will also be displayed and a positive nutrient such as calcium or fibre may also be included on the label.

There are some technical issues and detailed work that will be done during 2013. The Food Ministers have agreed that the preferred option for implementation by industry is on a voluntary basis but if an evaluation after two years shows voluntary implementation is unsuccessful, a mandatory approach will be required.
Providing consumers with nutrition information about fast foods is an important way of helping them to make informed choices at the point where they decide what to purchase. In February 2012 amendments were made to the South Australian Food Regulations 2002 to require multiple site food businesses to display certain nutrition information. The information that needs to be displayed is the average energy content of each standardised food item (expressed in kilojoules) as well as a statement that ‘the average daily energy intake is 8 700 kilojoules’. These measures are intended to help to inform the public about the nutritional composition of fast food and help them to choose healthier options.

This South Australian initiative has been based on similar laws introduced in New South Wales (NSW) in 2010. The NSW laws require larger ‘fast’ and snack food chains to show the amount of energy in the food on their menus, menu boards, websites and leaflets, and an average daily intake reference value for adults of 8 700kJ. Similar initiatives are also in place overseas in the United States and the United Kingdom.

Only ‘multiple-site food businesses’ that sell food from 20 or more places in South Australia, or 50 or more places in Australia, are required to comply with the legislation. Multiple-site food businesses with less than five outlets in South Australia are not covered by the legislation. Any business that does not have this number of outlets or is exempt from the requirements may, however, voluntarily display kilojoule information.

Multiple-site food business includes:
>
- quick service restaurants
- pizza chains
- coffee chains
- bakery chains
- ice cream chains
- doughnut chains
- beverage chains
- salad chains

The requirements came into effect on 23 February 2012, with a 12 month implementation period for businesses to comply.

More information for consumers and businesses (including information about exemptions) can be found on the SA Health website.

OPAL

SA Health will fulfil its partnerships with 19 Local Councils to implement Obesity Prevention and Lifestyle (OPAL) programs in their communities. OPAL is a program that supports children through their families and communities to be healthy now and stay healthy for life. This includes applying community development processes, community education, local social marketing techniques and local policy change. OPAL receives funding from all spheres of government.

Local Councils in South Australia participating in OPAL programs by the end of 2012

- City of Marion
- City of Mount Gambier
- City of Onkaparinga
- City of Playford
- City of Port Augusta
- City of Salisbury
- City of Whyalla
- District Council of the Copper Coast
- City of Charles Sturt
- City of Port Adelaide Enfield
- City of West Torrens
- City of Murray Bridge
- Mid Murray Council
- District Council of Mount Remarkable, Northern Areas Council, District Council of Peterborough
- Alexandrina Council
- The Coorong District Council
- Campbelltown City Council
Alcohol and tobacco strategies

Excessive use of alcohol and the threat posed by tobacco are risk factors that damage our health and produce continuing and well-recognised challenges requiring concerted public health action. They are associated with many of the predominant non-communicable diseases facing our community. Further significant reduction in the use of tobacco and the excessive use of alcohol will make a significant contribution to improving health. The reduction in excessive use of alcohol will also make a significant contribution to reducing levels of community violence and increasing community safety.

A snapshot of risky alcohol use in South Australia

> Approximately 27 per cent (and 40 per cent of 15-29 year olds) of South Australian adults have consumed alcohol at risky levels for short-term harm in the last month.\(^{135}\)
> Approximately 20 per cent of South Australian adults drink at levels that pose a lifetime risk of disease or injury.\(^{136}\)
> There are approximately 12 500 hospital admissions and 600 deaths attributable to alcohol in South Australia per year.\(^{137}\)
> Australian research also reports that an estimated 53 per cent of injured persons presenting to hospital emergency departments between the hours of 10pm and 7am had consumed alcohol in the preceding 6 hours.\(^{138}\)
> South Australia Police reports that in 2008-2009 in the Adelaide CBD, 58 per cent of victim-reported crime was related to alcohol.\(^{139}\)

Dealing with the impacts of alcohol and tobacco

Further significant risk factors that impact on the development of non-communicable conditions and on the general health, wellbeing and, in some instances, safety of our communities are related to the excessive use of alcohol and continued rates of smoking.

These two areas are significant public policy issues and the focus of Commonwealth and State Government action as well as action by some Local Councils. Both of these products are the subject of significant regulatory controls and taxation measures designed to reduce their accessibility. Both are the subject of significant community information and awareness campaigns.

In addition to SA Public Health Action taken by Commonwealth and State Governments, Councils can also take action to deal with the effects of these issues in their areas in coordination with other spheres of government and the non-government sector.

Where relevant, Councils may consider coordinating the development of local alcohol management strategies as part of their public health planning processes. These strategies, developed in partnership with police and emergency services and other relevant agencies, are designed to address the community safety and related implications of excessive alcohol use.

A snapshot of tobacco use in South Australia\(^{140}\)

> Smoking prevalence of current daily smokers older than 15 years of age is 20.7 per cent.
> More males than females are current smokers (25.6 per cent vs. 16.1 per cent).
> Smoking prevalence among Aboriginal people is more than double that of non-Aboriginal people.
> For Aboriginal people in 2003, smoking was responsible for:
  - one-third of deaths
  - 17 per cent of the health gap
  - 12 per cent of the total burden of disease and injury.
> Of all adult smokers, 39 per cent are also living with a mental illness.
> Approximately 85 per cent of prisoners report that they are current smokers.

Because these are such specific and well-recognised threats, the State Government has developed comprehensive strategies to tackle these two issues. The South Australian Alcohol and Other Drug Strategy 2011-16 and the South Australian Tobacco Control Strategy 2011-16 provide a comprehensive approach to these issues. The Plan recognises these two strategies and encourages their implementation where relevant across spheres of government and community.
SA Health will work with partners across State Government and with Local Councils, local communities, and relevant Public Health Partner Authorities and other state government agencies to address ways to reduce the harm done by excessive alcohol use and tobacco use.

**A case study of a Local Government alcohol management strategy**

The development of a local alcohol management strategy can be an important way in which a Local Council can tackle the effects of alcohol to promote community safety and a stronger, healthier community. The Alcohol Management Strategy for the City of Newcastle 2010-13[^1] is an example of a comprehensive local plan.

The process for developing this strategy in Newcastle involved an analysis of international, national and local-level research data in order to develop a range of best practice interventions. In addition, the strategy was strengthened through a significant consultation process held by the Council, particularly with stakeholders such as liquor licensing authorities, police, health and transport agencies, liquor accords and the broader community. When drafting the strategy, the Council included a range of these organisations as lead agencies for the key initiatives.

The initiatives adopted take a systemic approach to alcohol management rather than operating individual projects that lack connection and sustainability. SA Public Health Actions in the Newcastle Strategy include:

- establishment of a Licensed Premises Reference Group to enable stakeholders such as Hunter New England Population Health, NSW Police and the Office of Liquor Gaming and Racing to consult on decisions related to alcohol licence conditions.
- implementation of night-time and major event enforcement activities in conjunction with NSW Police and the Office of Liquor Gaming and Racing.
- development of strategies to improve and encourage diversity in evening and late-night entertainment.
- identification and development of safer pedestrian routes within the city and Hamilton, with key features including improved lighting, close proximity to transport routes, good surveillance and regular police presence.
- improvement of late-night transport options.

A robust data monitoring program is also an important component of the strategy. The document clearly stipulates the data items required to monitor the impact of the strategy and the agencies responsible for collecting this data.

Crime statistics have been examined to determine changes in crimes that are commonly alcohol related. This examination has indicated that, over the two-year period from September 2009 through to September 2011, assaults related to non-domestic violence showed an average annual decrease of 9.2 per cent. This and other data are being monitored to assess the ongoing success of the strategy.

The alcohol management plan in Newcastle has been complemented by strong regulatory changes, including introduction of earlier closing times that have also driven the reductions in violence in the area.

The effects of smoking remain a key focus of State Government policy action. Recently the Tobacco Products Regulation Act 1997 was further amended to prohibit smoking in and near children's playgrounds and in undercover public transport waiting areas, as well as providing for Local Councils to apply to ban smoking in outdoor areas or make events smoke free. The types of areas or events that can be considered include shopping districts, high-traffic business districts and congested entrances, car parks, footpaths and streets, as well as short-term events such as fetes, sporting events, or music and art festivals.

Councils are encouraged to incorporate the use of the new tobacco control powers relating to outdoor areas and events in public health planning for their communities.
Guidance materials that can assist include:

> The Eat Well Be Active Strategy for South Australia 2011-16
> Cochrane Review: Interventions for Preventing Obesity in Children 2011
> Blueprint for an Active Australia: 10 key action areas
> National Physical Activity Guidelines
> South Australian Tobacco Control Strategy 2011-16
> South Australian Alcohol and Other Drug Strategy 2011-16
> Creating Active Communities
> The Benefits of Regular Walking for Health, Well-being and the Environment
> Walking and Cycling: Local Measures to Promote Walking and Cycling as Forms of Travel and Recreation
> Transport Interventions Promoting Safe Cycling and Walking: Evidence Briefing
> Neighbourhood Walkability and the Walking Behaviour of Australian Adults
3. Preparing for Climate Change

Climate change represents one of the greatest global challenges. It also has implications for communities in South Australia. There is already significant policy and planning action by all spheres of government in South Australia to prepare for the impacts of climate change. In 2007 the State Government released *Tackling Climate Change: South Australia's Greenhouse Strategy 2007-2020*. This strategy is the overarching framework for South Australian action to reduce greenhouse gasses. Results of this strategy are monitored through South Australia’s Strategic Plan (SASP), in particular Target 59: Greenhouse gas emissions reduction. At the recent review of SASP progress the 2050 greenhouse gas reduction targets were rated as on track to achievement.

To further its own actions on climate change the State Government recently released its Government Action Plan for the Climate Change Adaptation Framework for South Australia (2012-2017). This Action Plan developed state-wide objectives and clarified roles and responsibilities for the State Government and its agencies. It sets out ways to encourage climate resilience and adaptive capacity, the need to manage public assets in the context of climate change and the importance of cooperation with other governments. The State Public Health Plan is congruent with the purposes of this Action Plan.

The Australian Local Government Association (ALGA) has developed a policy position on climate change which acknowledges:

- climate change is a shared responsibility
- local government will need to prepare for climate change and, at the very least, will need to develop the capacity to protect its own assets and adapt to localised conditions
- local government has an important role in providing leadership and education to assist citizens and business to understand and accept their responsibilities to address climate

The Local Government Association in South Australia has taken a leadership role over several years in helping local councils develop awareness and preparedness for climate change and it has played a key role in representing the interests of Local Councils to other spheres of government. This included signing a sector agreement with the State Government on behalf of the Local Government sector under the provisions of the Climate Change and Greenhouse Emissions Reduction Act 2007, as well as developing a comprehensive Climate Change Strategy to assist Councils increase their capacity in this area.

Many Local Councils have prepared or are preparing climate change plans or have incorporated climate change issues into other planning frameworks.

There is no doubt that climate change will have and is having implications for both the health of the public and public health infrastructure. There is also no doubt that climate change is an issue that warrants concerted efforts both across and between governments and from the whole community.

Climate change will affect our communities in several ways and we have to be prepared to meet all of them, including dealing with extreme weather events and potential disasters related to changing weather and climate patterns. The inexorable longer term changes in climate mean, for example, that we need to plan and redesign our communities for warmer conditions, including better provision for shade and other cooling green infrastructure elements.

The State Government recently developed *Prospering in a Changing Climate: A Climate Change Adaptation Framework for South Australia* to comprehensively address climate change issues including health implications.

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Climate change in South Australia

‘Climate change will have direct and indirect impacts on our health and wellbeing, particularly for vulnerable members of the community such as the elderly, those who live in remote settlements, the sick and people on low incomes…

In vulnerable areas, homes, businesses and infrastructure will be threatened by the increase in extreme events, such as bushfires and floods, and coastal settlements and ecosystems will be exposed to the rise in sea levels, floods and storm surges…

Failure to adapt will expose us to possibly severe and long-term consequences including reduced productivity, reduced food and fibre production, property and financial losses, threats to bio-security, higher costs for goods and services, serious health issues, reductions in social and human capital, and the loss of unique and essential natural systems and species.’
Climate change community health and wellbeing

‘Changes in our climate are likely to have significant impacts on community and individual wellbeing...Direct and indirect impacts could include:

- Disruption of social networks, and forced migration
- Lack of information knowledge and skills
- Heat stress during heat waves
- Increased risks to life and property as a consequence of greater and more frequent extreme events such as bushfires and flood
- An increase in the frequency in vector-borne infectious diseases such as Ross River Virus
- An increase in air pollution (e.g. from dust and bushfire smoke) that may increase respiratory diseases and allergies
- An increase in the frequency of water and food-borne infectious diseases
- A reduction in food production and nutritional quality
- Physical and mental health consequences that occur as a result of some direct or indirect impacts, such as drought.

In South Australia, heat related deaths are likely to take the highest toll, particularly with an ageing population, which is generally less tolerant to heat.’

Councils are encouraged to review their planning for climate change preparedness to ensure that public health implications are recognised and appropriate strategies are designed and implemented to ensure community resilience.

When planning for healthier communities and neighbourhoods for all generations, Councils are encouraged to ensure that the public health implications of climate change are also addressed. This can include making provision for dealing with raised temperatures and extreme heat by planning for greater shade in communities through green infrastructure projects and, in partnership with other agencies (including non-government organisations), ensuring enhanced social cohesion and social supports for those who are most vulnerable to heat stress (for example older people living alone).

Climate change may also have implications for the resilience of community infrastructure. The State Government and Local Councils may need to consider the resilience of their basic public health infrastructure (such as waste management and waste water management) to climate change and extreme events such as sea level rise, storm surges and bushfires. Consideration could be given to the protection, adaptation or, in certain circumstances, relocation of basic infrastructure to ensure their continued functioning. Some of these options may need to be considered in the context of long-term infrastructure planning.

A touch of green is good for us

A major Australian review of the evidence concluded that access to the natural environment improves health and wellbeing, prevents disease and enhances people’s recovery from illness. It particularly noted that experiencing nature can help tackle mental health problems, boost physical activity, reduce overweight and obesity, and reduce the incidence of coronary heart disease. It was also found that the greatest benefit was experienced by children and people on low incomes. Children who have regular contact with the natural environment have been shown to have higher levels of self-esteem and higher cognitive functioning, which can have direct benefits for their capacity to learn.

A greener community is also one that is more resilient to the threat of extreme heat. There is a growing movement to incorporate green infrastructure concepts into the development of our built environments, making our cities and towns more liveable and more resilient. Green infrastructure refers to the interconnected network of physical assets that delivers landscape and environmental values or functions to people and places. It provides the basic physical structure and facilities that are needed to deliver these values and benefits to underpin the sustainable operation of cities and communities. Green infrastructure has been shown to enhance the quality of life, support and improve the health and liveability of communities, and drive sustainability and resilience to climate change.
Specific health benefits of a focus on green infrastructure include:
> cooler microclimates in the city, making it more sustainable to live in with reduced reliance on air-conditioning
> connected green corridors that allow air flow through the city and link destinations, encouraging everyday pedestrian and cycle movement
> attractive and comfortable outdoor environments that encourage use by providing safe (Crime Prevention Through Environmental Design [CPTED]) places that are shaded in summer and protected in winter
> outdoor spaces and natural assets that actively engage with the adjacent built form and provide equitable access to all
> reduced air pollution and stress levels, promoting physical activity through attractive and comfortable outdoor environments for walking, cycling and sport.

In South Australia a Green Infrastructure Working Paper has been developed with the guidance of the Botanic Gardens of Adelaide; Department of Environment, Water and Natural Resources (DEWNR); Department of Planning, Transport and Infrastructure (DPTI); Urban Renewal Authority (URA) – Renewal SA; Local Government Association of South Australia (LGA); and Integrated Design Commission (IDC). This Working Paper will act as a source of guidance for planners at all levels.

Guidance materials that can assist include:
> Prospering in a Changing Climate: a climate change adaptation framework for South Australia
> Climate Change Adaptation Actions for Local Government
> Australian Local Government and Climate Change
> LGA Climate Change Strategy 2008-12
> Guidelines for Undertaking an Integrated Climate Change Vulnerability Assessment as Part of Developing an Adaptation Plan (LGA)
> Climate Change Under Enhanced Greenhouse Conditions in South Australia
> Planning for Climate Change Adaptation in Coastal Australia: state of practice
> Green Infrastructure Working Paper
> Green Infrastructure: Life Support for Human Habitats
> Beyond Blue to Green
> A Synthesis of Adaptation Research for South Australia
> Impact of Climate Change on Disadvantaged Groups: Issues and Interventions
> Extreme Heat and Climate Change: Adaptation in Culturally and Linguistically Diverse (CALD) Communities
> Morbidity and Mortality During Heatwaves in Metropolitan Adelaide
> The Effects of Heat Waves on Hospital Admissions for Renal Disease in a Temperate City of Australia
> The Effect of Heatwaves on Mental Health in a Temperate Australian City
> Older persons and Heat-Susceptibility: the Role of Health Promotion in a Changing Climate
> Perceptions of Heat-Susceptibility in Older Persons: Barriers to Adaptation
> Extreme Heat Arrangements in South Australia: An Assessment of Trigger Temperatures
> Heat and Health in Adelaide, South Australia: Assessment of Heat Thresholds and Temperature Relationships
> Impact of Two Recent Extreme Heat Episodes on Morbidity and Mortality in Adelaide, South Australia: A Case Series Analysis
> Risk Factors for Direct heat-related hospitalization During the 2009 Adelaide Heatwave: a Case Crossover Study
4. Sustaining and Improving Public and Environmental Health Protection

Our communities function because of basic public health protection services and strategies. If they were absent or weakened, our health would be severely challenged due, for example, to the dangers of poor water quality, unsafe foods, ineffective waste disposal, falling immunisation rates and the spread of more virulent infectious diseases, poorly designed or unsafe dwellings, and inadequate community infrastructure.

Our health is protected by a series of legislative and regulatory measures contained in the South Australian Public Health Act 2011 (SA Public Health Act) as well as related Acts such as the Food Act 2001 and the Safe Drinking Water Act 2011.

Local Councils as local public health authorities under SA Public Health Act have a pivotal role in the protection of their community's health. SA Public Health Act (s.37) scopes out a range of specific functions, which include:

(a) to take action to preserve, protect and promote public health within its area;
(b) to cooperate with other authorities involved in the administration of this Act;
(c) to ensure that adequate sanitation measures are in place in its area;
(d) insofar as is reasonably practicable, to have adequate measures in place within its area to ensure that activities do not adversely affect public health;
(e) to identify risks to public health within its area;
(f) as necessary, to ensure that remedial action is taken to reduce or eliminate adverse impacts or risks to public health;
(g) to assess activities and development, or proposed activities or development, within its area in order to determine and respond to public health impacts (or potential public health impacts);
(h) to provide, or support the provision of, educational information about public health and to provide or support activities within its area to preserve, protect or promote public health;
(i) such other functions assigned to the council by this Act.'

While these are not new functions for Councils, this is the first time they have been specifically expressed in terms of their role in public health. While the public health role of Councils cuts across and informs all of a Council's services to their community, a pivotal public health protection role is played by locally employed Environmental Health Officers, who are authorised officers under SA Public Health Act.

SA Health has provided additional support to Councils through specific funding to the LGA over a five-year period in the first instance. This is to undertake specific strategies associated with the full implementation of SA Public Health Act. A key feature of this support is workforce capacity development for Environmental Health Officers (as authorised officers under SA Public Health Act) as well as other relevant staff of Councils.

Councils have identified limits in workforce capacity (including recruitment and retention issues) that have implications for their ability to deliver basic health protection services. Addressing these issues will require concerted effort within and among Councils as well as collaborative effort between the LGA and SA Health, in conjunction with the university and further education sectors.

SA Health will work in conjunction with Local Councils through the LGA to:

> ensure that powers and provisions of the new Act are understood and consistently applied
> assist Councils who wish to explore and assess regional models of service delivery and other shared service options where appropriate
> develop and refine public health policies and regulations to ensure that they are streamlined and take account of contemporary issues or changes in technology
> develop and refine public and environmental health performance standards to support best practice across the state.

Food safety

Food safety is critical to protecting our health. Local Government and SA Health work together to provide a regulatory safety net for industry and the public. By working with food businesses to maintain and promote proper standards in food storage, handling and hygiene we are able to provide safety and certainty to consumers.

Under the Food Act 2001, there is a Memorandum of Understanding between the Minister for Health and Ageing and the LGA. It establishes roles and responsibilities for SA Health and Local Councils.
The Memorandum of Understanding includes an agreement to establish a joint work plan to continuously improve food safety and the effectiveness of the Food Act 2001. A working group with representatives from the Food Policy and Programs Branch (SA Health), Local Government and Environmental Health Australia has agreed on a joint work plan. A number of key priorities are identified in the plan including:

> Improving the consistency of application of the Food Act 2001, including the development of a set of agreed enforcement and inspection principles and developing a state-wide risk classification system.

> Reviewing and improving current systems

> Developing and supporting a skilled work force.

> Supporting small and remote Local Councils

> Exploring a state-wide food safety rating (or ‘scores on doors’) program.

A Food Act ‘Toolkit’, incorporating tools and templates to assist in the consistent interpretation, monitoring and enforcement of the Food Act 2001 is also being progressed, using the outputs of relevant projects under the plan.

Immunisation

Immunisation is a specific function within SA Public Health Act, where it is recognised as a shared responsibility between State and Local Government. Section 38 states:

‘(1) In addition to its other functions, a council must provide, or support the provision of, immunisation programs for the protection of public health within its area.

(2) Services associated with the provision of immunisation programs will be provided with the support of the Department.

(3) The Minister must take reasonable steps to enter into and maintain a memorandum of understanding with the LGA about the provision of immunisation services and support under this section.’

The Memorandum of Understanding referred to above is being developed with the LGA and will set the context for the relationship between SA Health and Local Councils for the ongoing provision of immunisation services. Councils play a significant role in maintaining South Australia’s high rates of immunisation, although there are also other providers, most notably general practitioners, who also play key roles in the provision of these services.

SA Health undertakes to ensure that, in conjunction with the Commonwealth Government and Local Government, the coordinated provision of immunisation services is able to retain and extend South Australia’s high rate of vaccine uptake.

Communicable Disease Prevention and Control

The South Australian Public Health Act has provided an opportunity to strengthen and modernise SA Health’s role in communicable disease prevention and control. Even though the burden of infectious disease is now low by historic standards in South Australia and in similar developed communities this is no reason for reduced vigilance. Without strong regulations, monitoring and control measures the burden of infectious diseases (such as legionellosis, arbovirus infection, sexually transmitted diseases, blood borne viruses to name a few) can once again become substantial. SA Health, as part of a national and international system, also plays a role in monitoring and managing outbreaks as part of a global network of preparedness against the threat of pandemics and other disease outbreaks of potentially regional or world-wide significance.

The new Act has streamlined powers to undertake these important tasks. The Act has refreshed regulations for notifiable and controlled notifiable conditions as well as for Legionella and cervical cancer screening. The Act has a more robust and graded system of powers to quickly intervene and manage situations where there are risks posed to public health. These powers are able to be invoked even in unexpected, novel and emergency situations through Ministerial declaration as necessary. This more streamlined set of powers and provisions are balanced by an explicit set of principles which protect the rights of individuals who may be the subject of orders, directions or detention. The exercise of these powers is subject to independent judicial review which is able to ensure there is an appropriate balance between the need to protect the population from public health risks and the need to respect individual rights and autonomy.

Emergency management and disaster planning

Emergency management and disaster recovery planning is also supported by the inclusion of public health issues. Australian communities can be severely impacted by a wide range of natural disasters, including earthquakes, fire, floods and other extreme weather events, as well as long-acting conditions such as droughts. Whatever the cause, a community’s capacity to rebound and recover is often a function of its cohesion and resilience.
Public health plays a role in helping to manage the health aspects of the acute stages of a disaster and develop a community's capacity to recover. Local Councils are encouraged to ensure that the role of public health is identified in emergency and disaster management planning.

Environmental Factors and Health

There are several factors in the environment which promote and protect health. However there are also a range of environmental factors, often related to human activity and related social and economic conditions, which can threaten people's health. These environmental health factors have been the traditional concern of public health and related professionals. They can range from dealing with insanitary conditions through to concerns with environmental contaminants which pose a risk to health, dangerous levels of noise pollution and air quality.

Under the provisions of Part 5 of the SA Public Health Act, SA Health is developing policies to assist authorised officers manage the public health risks associated with severe domestic squalor and the management of public health risks associated with the remediation of clandestine drug laboratory sites. Additionally SA Health provides expert scientific advice to the Environmental Protection Authority (EPA) and other relevant parties on the assessment and identification of environmental contaminants which may be harmful to human health.

SA Health also provides protective regulations for scheduled chemicals and poisons under the Controlled Substances Act 1984. These regulations ensure operators of businesses who handle hazardous chemicals such as pesticides, have clear and enforceable instructions for safe handling, storage and use.

Ensuring safe drinking water is an enduring focus for public health action. The recently enacted Safe Drinking Water Act 2011 provides a strong regulatory framework aimed at ensuring South Australians can have confidence in the safety of the water they drink.

Noise

In 2004 the Environmental Health Council (EnHealth)\(^\text{186}\) studied the health effects of environmental noise. This report identified a range of health related impacts of excessive noise which included; sleep disturbance, school performance, cardiovascular impacts (to some degree), increased levels of self-reported stress and anxiety. The impact of excessive noise in our communities is regulated by EPA's Environment Protection (Noise) Policy 2007. All premises, both commercial and domestic, are subject to this policy. The Noise Policy sets limits on noise pollution; this includes the amount of noise that can be made at what times of day. Noise limits also vary on the day of the week, with lower limits generally being set for the weekend. The EPA may also place special conditions on licensed premises to control their noise.\(^\text{187}\)

Air Quality

*The Burden of Disease and Injury in Australia 2003* study,\(^\text{188}\) estimates that there were approximately 3 000 deaths in 2003 due to urban air pollution – nearly twice the national road toll in the same year. According to the *Australia State of the Environment 2011* \(^\text{189}\) report, there is clear evidence that periods of poor urban air quality can adversely impact on human health, particularly on the health of susceptible individuals. Groups considered most vulnerable to the adverse effects of air pollution include people with pre-existing respiratory conditions (for example asthma) and cardiovascular diseases, young children and the elderly. Despite this disturbing finding air quality in Australia and South Australia is generally rated as good to very good.

In its submission to the Senate Inquiry on the impacts on health of air quality in Australia the Commonwealth Department of Sustainability, Environment, Water, Population and Communities (DSEWPC) noted that, *ambient air quality in Australia is generally good but there remains concern about particles and ozone in some regional and urban areas*. This claim is largely supported by recent air monitoring reports in South Australia.\(^\text{190}\)

This finding is also confirmed by recent international comparisons. For example, the World Health Organization in 2011 ranked Australia equal with Canada in third place based on its overall air quality.\(^\text{181}\) Similarly the *OECD Environmental Performance Reviews: Australia 2007* report concluded that air quality in Australia remains good overall with some urban areas and local hotspots of concern.\(^\text{192}\)

However, within this generally positive picture the *State of the Air in Australia 1999-2008*\(^\text{93}\) notes that particulate matter and secondary pollutant ozone are of particular concern in Australia. Levels of ground level ozone and particulate matter have not decreased over the last ten years. Over this period, peak ozone levels occasionally approached or exceeded the national standards in some Australian cities; while peak particulate matter levels frequently exceeded the standards in nearly all regions. The report also noted that particle levels tend to be slightly higher in regional cities in south-eastern Australia than in the capital cities.
The DSEWPC submission also noted that; most Australians spend more than 90 per cent of their time indoors. The quality of indoor air is affected by many factors, including building materials (particularly volatile materials like glues and paints), ventilation, furnishings and appliances (particularly un-flued gas appliances), environmental tobacco smoke and cleaning agents. Poor indoor air quality can cause a range of health effects from mild symptoms such as headaches, to more severe effects such as aggravation of asthma and allergic responses. However, data on indoor air quality in Australia is limited, providing no firm basis upon which to form assessments of overall status and trends.

The (Commonwealth) Department of Health and Ageing's publication, Healthy Homes – A guide to indoor air quality in the home for buyers, builders and renovators, provides information about air pollutants that may be found inside the home. Australia's strategy for managing air pollution over the last decade has resulted in significant improvements in air quality for many pollutants. Air quality issues are primarily addressed through the National Environment Protection (Ambient Air Quality) Measure, national fuel quality and motor vehicle emission standards.

In 2011 the Council of Australian Governments (COAG) identified air quality as a Priority Issue of National Significance. COAG charged its Standing Council on Environment and Water (SCEW) to develop a National Plan for Clean Air, to improve air quality, and community health and well-being. This Plan is designed to;

- bring together Commonwealth, State and Territory action into a national plan to reduce the risk of health impacts of air pollution;
- integrate air quality standard setting with actions to reduce pollution and exposure to pollution;
- modernise standards and respond to the latest science by introducing an exposure reduction framework for pollutants which have no safe threshold;
- prioritise measures that achieve a net benefit to the community; and
- respond to emerging trends by working with sectors where emissions are growing.

As part of this development process for the National Plan for Clean Air, SCEW has recently released a consultation document dealing with regulatory options for reducing emissions from wood heaters. The issue of emissions from wood heaters has been seen to have material environmental, health and amenity impacts and has been the source of ongoing concern for several Local Councils and the EPA.

A national approach being developed by SCEW provides an opportunity to address and resolve an area of regulatory uncertainty and clarify specific roles and responsibilities for a range of agencies concerned with the issue of wood heater emissions.

South Australian Air Quality Framework

In addition to these national initiatives the State is also developing an Air Quality Framework for South Australia. This framework sets the basis for prioritising and coordinating actions in response to issues of air quality within the State. The Framework aims for a more integrated approach to air quality across Greater Adelaide. It recognises the many sources of air pollution such as transport, domestic activities, and industry and how their collective impacts are affected by weather patterns. It also covers the regional industrial and agricultural centres of the State, addressing the different sources and factors that influence air quality in those areas.

The Framework sits firmly within strategic priorities for health, and the environment identified by the State Government and reflects agreed standards and protocols within the National Plan for Clean Air under development by SCEW.

The Framework also recognises the balance between local actions by communities and broader State and national actions. It therefore builds on programs already in place or planned by Councils and foreshadows further collaborative initiatives within Greater Adelaide to address differing air quality problems. The State Government has commenced some actions that form part of the Framework, for example; the establishment of a new air monitoring station on LeFevre Peninsula and another in the Adelaide CBD.

It is expected that the Air Quality Framework for South Australia will be released later in 2013.

Guidance materials that can assist include:

- Risky Business: a resource to help local governments manage environmental health risks
- Environmental Health Officer Skills and Knowledge Matrix
- Environmental Health Risk Assessment
- Health Impact Assessment Guidelines
- Developing Local Government Environmental Health Indicators for South Australia
- The Australian Immunisation Handbook
Public Health Strategies

This section identifies a range of strategies to be developed over the next five years that will give guidance to matters to be considered for development within regional public health plans by Local Councils. This will include measures to improve coordination, collaboration, planning, monitoring and evaluation processes. It is divided into two parts – System Building and Specific Interventions – which relate to the four identified priorities.

System Building Actions

These are specific steps aimed at building the public health system, recognising that this State Public Health Plan (the Plan) is the first, and that support systems for public health planning and action need to be developed.

The following initiatives will be developed or ensured by the Minister and the Chief Public Health Officer, in conjunction with the South Australian Public Health Council and the LGA:

> Ensure effective implementation of the South Australian Public Health Act 2011 (SA Public Health Act).
> Ensure consistent administration of relevant provisions of SA Public Health Act by authorised officers.
> Develop Regulations, Guidelines, State Public Health Policies and Codes of Practice (under Part 8 of SA Public Health Act) that are relevant to improving public health in South Australia.
> Enhance cooperative arrangements between Local Government, SA Health, Public Health Partner Authorities, the university sector and the non-government sector. This is to develop a coherent dataset of public health indicators (which are meaningful and relevant to Local Government and Public Health Partner Authorities) to aid in public health planning, monitoring and evaluation, and for the development of an evidence base for effective public health interventions.
> The South Australian Public Health Council to foster the development of a Public Health Research Agenda for South Australia, focusing on research within the four priority areas identified in this Plan.
> Foster improved partnerships and coordinate opportunities for greater engagement between Local Councils, Local Health Networks and Medicare Locals where relevant.
> Continue to strengthen the role of Councils as public health authorities for their areas, and in particular strengthen their public health planning and reporting capacity.
> Work to establish agreements with relevant agencies and organisations to become Public Health Partner Authorities, with a priority focus on those agencies and organisations whose role has particular relevance for the four identified priorities of the Plan.
> Engage with, support and coordinate the work of Public Health Partner Authorities as they participate in public health planning.
> Continue to develop and refine guidance and resource materials to strengthen public health planning processes.
> Develop monitoring, evaluation and reporting frameworks and standards for public health planning.
> Support the development of governance processes across the State Government sector that specifically incorporate public health factors in planning assessment and policy development through the adoption of Health in All Policies and related approaches.
Additionally:

> SA Health, in conjunction with the Commonwealth Government and Local Government, will ensure that the coordinated provision of immunisation services is able to retain and extend South Australia’s high rate of vaccine uptake.

> SA Health will ensure that effective public health planning and strategies are developed to address essential public and environmental health issues in the Unincorporated Areas of the state, in particular for remote communities.

> Councils will be encouraged to identify and address inequities in their communities that may impact on the health of particular groups.

> Where relevant, specific measures can be undertaken in conjunction with Indigenous communities to ensure that their specific issues are addressed within public health plans.

> The Minister will systematise Health in All Policies approaches and other related processes through the development of procedures to provide advice across State Government. This will be achieved through the implementation of s.17(2) of SA Public Health Act.

> SA Health will assist Councils to adopt Health in All Policies approaches, and other relevant processes for assessing health implications, through the implementation of public health planning and the application of s 37(2)(g) functions.

> In conjunction with the LGA, SA Health will facilitate capacity development and consistent approaches and, where relevant, coordinated action across these priority areas. This will include:
  
  - further refining specific datasets to support more focused planning in these areas
  - identifying and synthesising relevant research and developing consistent evaluation frameworks
  - collecting evidence for effective interventions and strategies to address priority issues
  - sponsoring and coordinating joint planning between Councils and Public Health Partner Authorities
  - jointly providing training opportunities for relevant staff in Councils and Public Health Partner Authorities.
Specific Actions

This section summarises a targeted number of specific recommendations associated with the four state-wide priority areas.

1. Stronger and Healthier Communities and Neighbourhoods for All Generations
   > Local Councils are encouraged to consider the four CHESS principles for healthy environments: Connected Environments, Healthy Eating Environments, Safe Environments and Sustainable Environments, and related concepts and factors in their planning to develop stronger and healthier communities.
   > Councils are encouraged to plan for the priority Stronger and Healthier Communities and Neighbourhoods for All Generations in ways that include specific recognition of the needs of different ages and abilities and that build community connectedness.

2. Increasing Opportunities for Healthy Living, Healthy Eating and Being Active
   > Councils are encouraged in particular to include considerations for boosting opportunities for physical activity and access to healthy food in their public health planning.
   > SA Health will continue to develop and recommend policy and regulatory responses designed to increase consumer information and choice and to make healthier choices the easier choices.
   > SA Health, through the Eat Well Be Active Strategy 2011-16, will continue to support policy changes, and information and social marketing campaigns, as well as supporting local communities to eat well and be active.
   > SA Health will fulfil its partnerships with Councils to implement Obesity Prevention and Lifestyle (OPAL) programs in their communities.
   > SA Health will work with partners across State Government, Local Councils, local communities, relevant Public Health Partner Authorities and other agencies of State Government to address ways to reduce the harm done by excessive alcohol and tobacco use.
   > Where relevant, Councils may consider coordinating the development of local alcohol management strategies to address community safety and related implications of excessive alcohol use, as part of their public health planning process.
   > Councils are encouraged to incorporate the use of new tobacco control powers relating to outdoor areas and events in public health planning for their communities.

3. Preparing for Climate Change
   > Councils are encouraged to review their planning for climate change preparedness to ensure that public health implications are recognised and appropriate strategies are designed and implemented to ensure community resilience.
   > When planning for healthier communities and neighbourhoods for all generations, Councils are also encouraged to ensure that the public health implications of climate change are addressed.
   > Councils may need to consider the resilience of their basic public health infrastructure to climate change and extreme events such as sea level rise and storm surges. Consideration could be given to the protection, adaptation or, in certain circumstances, relocation of basic infrastructure to ensure their continued functioning.

4. Sustaining and Improving Public and Environmental Health Protection
   > SA Health will work in conjunction with Local Councils (through the LGA) and Environmental Health Australia to ensure that the powers and provisions of the new Act are understood and consistently applied.
   > Councils will be assisted to explore and assess regional models of service delivery and other shared service options where appropriate, develop and refine public health policies and regulations to ensure that they are streamlined, and take account of contemporary issues or changes in technology.
   > SA Health will work in conjunction with Councils (through the LGA) and Environmental Health Australia to develop and refine public and environmental health performance standards to support best practice across the state.
   > Councils are encouraged to ensure that the role of public health is identified in emergency and disaster management planning.
Public Health Planning: The Next Steps

The Minister, Chief Public Health Officer, South Australian Public Health Council and SA Health

The Chief Public Health Officer is assisted and advised by the South Australian Public Health Council on the development and maintenance of a system of strategic planning for public health at the local, regional and state-wide levels, and the development of plans under SA Public Health Act (s.31(a)(ii)&(iii)). The Chief Public Health Officer, with the assistance of the South Australian Public Health Council, will work with the Local Government Association (LGA), Local Councils and Public Health Partner Authorities to monitor the progress of planning.

The Minister will promulgate, and from time to time revise, guidelines to assist Councils in the preparation of their plans under ss. 51(6)–(7).

Section 51(2) provides for the Minister to determine or approve what form a public health plan prepared by Councils will take. The Minister, after consultation through the LGA, will issue advice to Councils concerning the form of a public health plan. It will be based on the framework outlined in s.51(8)–(9) of SA Public Health Act as well as the State Public Health Plan (the Plan).

The Chief Public Health Officer and SA Health, together with the LGA, will assist with the implementation of SA Public Health Act through continued workforce development and related activities. In terms of public health planning, this will also take the form of offering ongoing briefings workshops and direct consultation to Councils in 2013 on the development of their plans.

The Chief Public Health Officer and SA Health will continue to develop the system of Public Health Partner Authorities across State Government and the non-government sector. This will include the development of effective strategic communication and coordination mechanisms between relevant Public Health Partner Authorities and Councils to ensure that the planning system is developed in the most efficient way possible. Councils will assist this effort by liaising with SA Health in terms of their needs for formal public health partnerships in specific priority areas.

The Chief Public Health Officer and SA Health, in conjunction with the LGA, will initiate a series of policy forums between Local Councils, relevant Public Health Partner Authorities and other relevant stakeholders over 2013-14 in the four priority areas of the Plan, with the aim of:

> developing a common understanding of the evidence base and policy directions of these priorities
> identifying effective interventions and strategies
> identifying possible indicators of progress
> sharing experiences and insights of public health planning and action in these areas.

In 2013 the Chief Public Health Officer, with the assistance of the South Australian Public Health Council and in consultation with the LGA, will issue guidelines to assist Councils in the preparation of reports on public health plans.

Local Councils

Over the course of 2012, 22 Local Councils (approx. one-third of the state's 68 Councils) participated in a project to develop guidance resources to assist Councils to undertake public health planning. This project was funded by SA Health and undertaken by the LGA. The results form part of the Ministerial guidance for public health planning under s. 51(6) of SA Public Health Act.

With the commencement of ss. 51–52 of SA Public Health Act, Councils will formally initiate their public health planning processes. Section 51 outlines the general framework and process to be used by Councils to develop their plans.

The basic questions facing Councils are:

> What is the state of health and wellbeing of our community?
> How can Council respond to this through its own strategies designed to preserve, protect and promote health and wellbeing in our community?
> Which public health partners should Council engage with and coordinate to ensure the health and wellbeing of our community?
Each Council has its own planning processes and will need to determine the most effective way of undertaking public health planning within its own internal processes. The following is suggested as a guide for Councils to consider when starting the process of public health planning:

> Appoint a senior contact officer (in addition to the Chief Executive where possible) who will perform operational liaison functions with SA Health and the LGA.
> Consider what internal governance and coordination mechanisms may be required to ensure the development of comprehensive public health plans that integrate across the functions of Councils. This may include assigning responsibility for across-Council coordination to a senior manager, establishing an across-Council coordinating group, considering whether to assign portfolio responsibility to an elected member or assigning or establishing a subcommittee of Council to oversee the process, and establishing reporting processes to ensure that the Chief Executive and Council are kept aware of the development process.
> Consider (under the provisions of s.51(1)) whether to undertake public health planning individually or with a group of other Councils. Where a group of Councils propose to plan collectively, SA Public Health Act requires that they write to the Minister for his approval.
> Consider the State Public Health Plan and use it as a basis for commencing the development of their own plans.
> Consider the guidance material prepared by the Minister under the provisions of s.51(6) to help shape their processes for developing their plans.
> Through the LGA, work with SA Health and other relevant Public Health Partner Authorities and data holders in the ongoing development and refinement of a comprehensive dataset to support public health planning, both state-wide and within their areas.
> Analyse existing community needs profiles and other information sources on the community health and wellbeing of their areas in line with the provisions of s.51 of SA Public Health Act and the Plan.
> Consider what additional needs analysis and community consultation exercises they will need to initiate in order to properly assess community need and relevant issues.
> Consider the most effective and efficient ways to undertake public health planning, including the integration into planning processes and documents under their planning obligations contained in s.122 of the Local Government Act 1999.
> Review current plans, activities and services to identify existing contributions to the health and wellbeing of communities. This exercise will have particular reference to priorities within the Plan. This review will assist Councils to identify and report on current practices that fulfil their planning requirements, are congruent with Council functions outlined in ss.37–38 of SA Public Health Act, and are consistent with priorities identified in the Plan. It is expected that this review will also identify gaps or opportunities for further development or initiatives that Councils decide to undertake.

From the commencement of ss. 51–52, Councils have a two-year period in which to prepare their plans and then report to the Chief Public Health Officer. A good ‘rule of thumb’ is for Councils to use 2013 as the period to develop their plans, with a target of submitting the final plan to the Chief Public Health Officer by the end of 2013. This provides Councils with at least a full year to commence implementing their plans before the first progress report is required in late 2014 or 2015.

Because Councils are required to initiate a review of their strategic management plans after local government elections, this first iteration of the public health planning cycle may be regarded as a first and interim iteration. The planning system within SA Public Health Act envisages a 5-year planning cycle with provision for revision at any time. There are opportunities for greater integration of public health planning with Councils’ strategic management plans after the 2014 Local Government elections. On that basis this Plan may be subject to some revision and refinement after the receipt of Council plans and first progress reports, which take up the period to the end of 2014. This means that Councils, as they are commencing their next round of strategic management planning and review, will have access to a refreshed Plan that incorporates more clearly identified public health issues that will emerge from their own plans and progress reports. This issue of timing and integration of processes will be the subject of further discussions between the Chief Public Health Officer and, through the LGA, Councils.
Conclusion

This is the first State Public Health Plan. It implements s.50 of the SA Public Health Act. It advances the objectives of SA Public Health Act by promoting and protecting our community's health and wellbeing.

Its purpose is to help South Australia become a better place to live. Better health for us all is underpinned by public health action designed to protect and improve our health, our environments and our communities. This Plan calls for action across the state and sets the scene for public health action by Local Councils.

As the first Plan, it is about building and strengthening a system of public health planning, which means:
> developing comprehensive data and evidence bases to support public health planning and action
> strengthening effective coordination mechanisms across and between spheres of government
> improving partnerships for collaborative action across State and Local Governments,
> making sure we have a say about what makes our communities safe and healthy.

At the heart of public health in South Australia is a strong partnership between State Government and Local Government. This partnership has been a central feature of this and every public health Act in South Australia since colonial times. The Plan sustains that commitment to partnership and collaboration and focuses on four strategic priorities.

The Chief Public Health Officer, with the South Australian Public Health Council, will coordinate and oversee this Plan. The Chief Public Health Officer, with the LGA, will monitor and support public health planning by Councils. A Service Agreement between SA Health and the LGA provides funding and assistance for implementing SA Public Health Act, including the planning provisions within SA Public Health Act.

The legislation will be reviewed by State Parliament through the Social Development Committee at the end of the first five years of SA Public Health Act.

This Plan is just a beginning. It does not aim to address every public health issue. What it offers is a place to start. It offers a vision and a set of four priorities which is not just a place to start, but, with agreement, is the best place to start.

Its chief purpose is to build our state's capacity to improve our health by building up those things that help us stay healthy, and tackling those things that threaten our health. One measure of success will be based on what progress has been made in the four priority areas. But its chief measure of success will be the system of relationships and collaboration strengthened by this process of public health planning. This is the key to improving our capacity for public health action. This is the key to improving our health.

In the end this Plan is about people and the places where they live. It is about our communities and how they work, and about the opportunities we have and the opportunities we need to live good healthy lives.

This Plan will focus public health actions of State and Local Governments. This Plan will focus our community's actions on improving the things that help us stay safe and healthy.

This Plan will help us tackle the things that threaten or challenge our health and wellbeing.

In the end this Plan is your Plan.
Appendix 1
(Extract from the State Public Health Plan)

Public Health Planning: The Next Steps

South Australian Public Health Act

Key elements > Public Health Planning

Public Health Plans

- Assess the state of Public Health
- Identify Public Health risks
- Identify opportunities for promoting public health
- Take account of plans, policies or strategies determined by Minister
- Include issues in Regional Plans
- Be consistent with State Plan

Local Councils

With the commencement of ss. 51–52 of the South Australian Public Health Act (2011) (SA Public Health Act) on 1 January 2013, Councils are formally initiating their public health planning processes. Section 51 outlines the general framework and process to be used by Councils to develop their plans. The basic questions facing Councils are:

> What is the state of health and wellbeing of our community?
> How can Council respond to this through its own strategies designed to preserve, protect and promote health and wellbeing in our community?
> Which public health partners should Council engage with and coordinate to ensure the health and wellbeing of our community?

Each Council has its own planning processes and will need to determine the most effective way of undertaking public health planning within its own internal processes.
The following is suggested as a guide for Councils to consider when starting the process of public health planning:

<table>
<thead>
<tr>
<th>Topic</th>
<th>First Steps</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Officer</td>
<td>Appoint a senior contact officer (in addition to the Chief Executive where possible) who will perform operational liaison functions with SA Health and the LGA.</td>
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<tr>
<td>Governance &amp; coordination mechanisms</td>
<td>Consider what internal governance and coordination mechanisms may be required to ensure the development of comprehensive public health plans that integrate across the functions of Councils. This may include assigning responsibility for across-Council coordination to a senior manager, establishing an across-Council coordinating group, considering whether to assign portfolio responsibility to an elected member or assigning or establishing a subcommittee of Council to oversee the process, and establishing reporting processes to ensure that the Chief Executive and Council are kept aware of the development process.</td>
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<tr>
<td>Arrangements between Councils?</td>
<td>Consider (under the provisions of s. 51(1)) whether to undertake public health planning individually or with a group of other Councils. Where a group of Councils propose to plan collectively, the SA Public Health Act requires that they write to the Minister for his approval.</td>
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<tr>
<td>Review State Public Health Plan</td>
<td>Consider the Plan and use it as a basis for commencing the development of their own plans.</td>
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<tr>
<td>Guidance material: process suggestions</td>
<td>Consider the guidance material prepared by the Minister under the provisions of s. 51(6) to help shape their processes for developing their plans.</td>
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<tr>
<td>Data gathering</td>
<td>Through the LGA, work with SA Health and other relevant Public Health Partner Authorities and data holders in the ongoing development and refinement of a comprehensive dataset to support public health planning, both state-wide and within their areas.</td>
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<tr>
<td>Assessment</td>
<td>Analyse existing community needs profiles and other information sources on the community health and wellbeing of their areas in line with the provisions of s. 51 of the SA Public Health Act and the Plan.</td>
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<tr>
<td>Further needs analysis &amp; community consultation?</td>
<td>Consider what additional needs analysis and community consultation exercises they will need to initiate in order to properly assess community need and relevant issues.</td>
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<tr>
<td>Integration with S122 of Local Government Act? (when &amp; how?)</td>
<td>Consider the most effective and efficient ways to undertake public health planning, including the integration into planning processes and documents under their planning obligations contained in s. 122 of the Local Government Act 1999.</td>
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<tr>
<td>Review current plans</td>
<td>Review current plans, activities and services to identify existing contributions to the health and wellbeing of communities. This exercise will have particular reference to priorities within the Plan. This review will assist Councils to identify and report on current practices that fulfil their planning requirements, are congruent with Council functions outlined in ss. 37–38 of the SA Public Health Act, and are consistent with priorities identified in the Plan. It is expected that this review will also identify gaps or opportunities for further development or initiatives that Councils decide to undertake.</td>
<td>Consider using Public Health Planning Local Council Audit Tool</td>
</tr>
</tbody>
</table>
From the commencement of ss. 51–52, Councils have a two-year period in which to prepare their plans and then report to the Chief Public Health Officer.

A good ‘rule of thumb’ is for Councils to use 2013 as the period to develop their plans, with a target of submitting the final plan to the Chief Public Health Officer by the end of that year. This provides Councils with at least a full year to commence implementing their plans before the first progress report is required in late 2014 or 2015.

Because Councils are required to initiate a review of their strategic management plans after local government elections, this first iteration of the public health planning cycle may be regarded as a first and interim iteration. The planning system within the SA Public Health Act envisages a five-year planning cycle with provision for revision at any time. There are opportunities for greater integration of public health planning with Councils’ strategic management plans after the 2014 Local Government elections. On that basis this Plan may be subject to some revision and refinement after the receipt of Council plans and first progress reports, which take up the period to the end of 2014. This means that Councils, as they are commencing their next round of strategic management planning and review, will have access to a refreshed Plan that incorporates more clearly identified public health issues that will emerge from their own plans and progress reports. This issue of timing and integration of processes will be the subject of further discussions between the Chief Public Health Officer and, through the LGA, Councils.
Appendix 2:
An Audit tool for Local Councils Public Health Planning

South Australian Public Health Act 2011 – Public Health Planning
Local Council Audit Tool – 2013

This is the first version of the Local Council Public Health Planning Audit Tool. It can be found at www.sahealth.sa.gov.au/publichealthact. It has been developed with the assistance of people engaged in public health planning in Local Councils. We welcome comment and feedback on the value and usability of tool for auditing existing Council plans. This Tool will be progressively reviewed and refined to reflect the needs of Local Councils undertaking public health planning.

Collaboration between the Local Government Association and SA Health

The implementation of the South Australian Public Health Act 2011 (SA Public Health Act) is underpinned by a collaborative partnership between SA Health and the Local Government Association (LGA). SA Health has funded the LGA for a five year period in the first instance to boost its capacity for supporting the public health effort of Councils.

The LGA and SA Health are able to assist Councils develop their plans with advice and consultation. Resource and guidance material have also been prepared with this audit tool being one. Workshops and individual briefings to help Council members and Council staff undertake public health planning are also being offered.

The LGA and SA Health are engaged in a developmental process which is identifying, sourcing and consolidating data sources which will inform public health planning. This will be progressively made available to Local Councils.
Introduction: *A Better Place to Live*

Part 5 of the SA Public Health Act (sections 50-52) describes a scheme for public health planning in this State. The basic elements of this system involves the Minister for Health and Ageing producing a State Public Health Plan and Local Councils then producing local public health plans which are consistent with the State Plan. Part 5 of the SA Public Health Act became fully operational on 1 January 2013. The State Public Health Plan was released in January 2013. The Plan proposes that as this is the first iteration of the planning process Councils could audit their current suite of plans to identify where they link to the requirements of the SA Public Health Act and the directions and priorities contained within the State Public Health Plan.

This document provides an audit tool and process that Councils are encouraged to use, to undertake this task.
Elements of the Public Health Planning System

> The State Public Health Plan sets the overall framework for Public Health Planning in South Australia
> The Minister (in the State Public Health Plan) identifies other plans policies or strategies of significance
> Local Councils plan in ways which are consistent with and have regard to the State Public Health Plan.
> Councils are able to plan separately or in conjunction with other Councils to produce a joint plan. Those Councils who plan jointly retain the capacity to “carve out” specific issues which may have particular relevance for their area and plan for them separately without detracting from their participation in producing a joint plan.
> Councils are able to integrate their public health plans into their requirements to produce strategic management plans under Section 122 of the Local Government Act (1999).
> Public Health Partner Authorities (which can be Government Agencies or non-government organisations) can be formally recognised in regulations under the SA Public Health Act. Public Health Partner Authorities participate in public health planning and agree to take responsibilities for aspects of plans that are relevant to their role and mandate
> There is a five year planning cycle with reports every two years. Plans can be revised at any time.

Public Health Planning Audit Process

To develop their plans it is suggested in the first instance Local Councils audit their existing suite of Plans, functions and services. To assist in this audit it is recommended that Councils use three lenses for analysis;
> The SA Public Health Act in particular;
  – Objectives (section 4);
  – Principles (sections 5-13);
  – Functions of Council (sections 37&38); and
  – Part 5 Public Health Planning (specifically section 51)
> The State Public Health Plan
> Analysis of “public health issues” for their areas
To develop their plans it is suggested in the first instance Local Councils audit their existing suite of Plans, functions and services. To assist in this audit it is recommended that Councils use three lenses for analysis;

- The SA Public Health Act in particular;
  - Objectives (section 4);
  - Principles (sections 5-13);
  - Functions of Council (sections 37&38); and
  - Part 5 Public Health Planning (specifically section 51)
- The State Public Health Plan
- Analysis of "public health issues" for their areas
## Public Health Planning – Local Council Audit Tool

<table>
<thead>
<tr>
<th>Name of Plan (WWW link)</th>
<th>Links to other plans identified by the Minister</th>
<th>Building Stronger Healthier Communities for all Generations</th>
<th>Increasing opportunities for healthy living, healthy eating and being active</th>
<th>Preparing for Climate Change</th>
<th>Sustaining and Improving Public and Environmental Health</th>
<th>Other identified Public Health needs / priorities</th>
<th>Gaps and or Issues identified requiring further research or action</th>
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<tr>
<td>Identify specific Council Plan</td>
<td>Identify where specific aspects intersect with other plans identified by the Minister</td>
<td>Identify specific measures within the plan that address this priority</td>
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<td>By analysing existing Council Plans through the lens of: State Public Health Plan the results of applying Section 51(8) &amp; 51(9) of SA Public Health Act and analysing the “picture of public health” you will be able to identify both what Council is already doing that is consistent with the State Public Health Plan and potentially what further work may need to be planned for &amp; undertaken either by Council or by others (e.g. Public Health Partner Authorities)</td>
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### South Australian Public Health Act 2011

Public Health Planning Local Council Audit Tool

A Better Place to Live

- Name of Plan(s)
- Contact Officer(s)
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Appendices

A Local Council’s Public Health planning responsibilities

> The Public Health Authority for its area (sections 37-38 of the SA Public Health Act)
> A responsibility to collaborate with other Councils and other authorities under the SA Public Health Act as part of a system for protecting and improving public health
> A responsibility to plan
> A responsibility to lead
> A responsibility to advocate, and
> A responsibility to coordinate
> A responsibility to respond and deliver within its roles and functions

Councils are already doing many things to protect and improve the health and wellbeing of their communities—many of these actions are not clearly identified. Public health planning under the SA Public Health Act provides an opportunity for Councils to clearly identify and have recognised the strength and breadth of their current contribution to public health as well as identify areas for further action either by Councils or by Public Health Partner Authorities.

A Local Council’s public health planning responsibilities aligns with and complements its principal roles and functions as described in section 6 and 7 of the Local Government Act (1999)

Council Plans…Joining-up for Public Health

Under Section 122 of the Local Government Act (1999), Councils are required to develop strategic management plans. This can include; strategic plans, city plans, asset management plans, economic development plans. Other legislation also requires Councils to produce plans. For example; dog and cat management plans, climate change adaptation plans. Some grant funding from either the State or Commonwealth Government can also require the production of a plan. Councils in addition to these required plans undertake a wide range of other planning processes in areas identified as significant to their communities. This can include; community wellbeing plans, walking strategies, sustainability plans, integrated transport plans.

The SA Public Health Act encourages the integration of public health planning into Council’s existing planning processes. This means that over time once full integration has been achieved it will not be necessary to produce a separate stand-alone plan. Rather public health issues and actions can be integrated and clearly identified in Council’s other existing plans as they are reviewed, updated and developed. This first iteration of public health planning sets the tasks as auditing these existing plans with a view to providing the basis for integration as part of Council’s ongoing planning processes.

It is expected that this first cycle of public health planning will produce a separate Plan which is a compilation of a public health profile and assessment for the area, an audit of public health element within existing plans and an analysis of gaps or issues requiring further research or action. In later iterations it may not be necessary to generate a separate planning document once Councils are in a position to align public health planning within their other planning requirements. Section 51 (17) provides for a Council to integrate public health planning within their existing planning processes under section 122 of the Local Government Act (1999)

Partnerships for Public Health

Public Health is a shared responsibility and the principle of partnership for public health is built into the SA Public Health Act. Local Councils have always been and remain the public health authority for their areas. They are also part of a system for public health which assigns roles and responsibilities to others, in particular, the Minister for Health and Ageing, the Chief Public Health Officer and the South Australian Public Health Council.

Through the SA Public Health Act Parliament has recognised that this means that public health is best protected and promoted through a partnership between the State and Local Government sectors. Whilst the Commonwealth Government cannot be bound by State legislation it too plays a significant public health role. The engagement of Commonwealth Government agencies is managed through other mechanisms, such as National Partnership Agreements and other cross-jurisdictional plans and procedures.
### First Lens: the South Australian Public Health Act 2011

#### Objects of the Act (summary of section 4)

The SA Public Health Act provides a range of objectives which taken together from the framework for public health action. These objectives inform the public health planning process.

- To **promote** health and well being
- To **protect** from risks to health
  - Early detection, management and amelioration of risks to health
  - Provide information to individuals and communities on risks to public health
  - Encourage... plan, create and maintain a healthy environment
  - Policies strategies and campaigns for improving public health of communities in particular for vulnerable groups (esp. Aboriginal and Torres Strait Islanders)
  - Prevention, early detection management and control
  - Monitoring conditions of public health significance
  - Collect information on prevalence
- Scheme for state and local government action for public health

#### Principles in the Act (summary of sections 5-13)

The SA Public Health Act articulates a range of principles which where relevant are designed to inform public health practice carried out under the SA Public Health Act. This includes the planning function. A separate guidance document discussing the application of these principles has been developed. Additionally the State Public Health Plan highlights particular principles for public health planning; they are Prevention and Collaboration

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
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<tbody>
<tr>
<td>Precautionary principle</td>
<td>Take protective action in the face of uncertainty</td>
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<td>Proportionate regulation principle</td>
<td>Disruption to community life kept to minimum necessary for public health</td>
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<tr>
<td>Sustainability principle</td>
<td>Consider health, social, economic and environmental factors both now and for future</td>
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<tr>
<td>Principle of Prevention</td>
<td>Always work first to prevent public health risks</td>
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<tr>
<td>Population focus principle</td>
<td>Public health is focussed on the health of the community not about individual health in isolation</td>
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<tr>
<td>Participation principle</td>
<td>Individuals and communities encouraged to take responsibility and participate in actions to promote and protect community health</td>
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<tr>
<td>Partnership principle</td>
<td>Collaboration is key to effective public health action and needs to be strengthened</td>
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<tr>
<td>Equity principle</td>
<td>Decisions and actions should be fair and not unduly disadvantage certain groups – consideration must be given to health disparities in strategies</td>
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<tr>
<td>South Australian Public Health Act 2011</td>
<td>What this section does</td>
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<td>----------------------------------------</td>
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<td>Section 51 (8) &amp; (9)</td>
<td><strong>S 51 (8) (a) comprehensively assess the state of public health in the region</strong></td>
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<td><strong>S 51 (8) (b) identify existing and potential public health risks and provide for strategies for addressing and eliminating or reducing those risks</strong></td>
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<td><strong>S 51 (8) (c) identify opportunities and outline strategies for promoting public health in the region</strong></td>
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<td><strong>S 51 (8) (d) address any public health issues specified by the Minister following consultation with SAPHC (South Australian Public Health Council) and the LGA</strong></td>
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<tr>
<td>South Australian Public Health Act 2011</td>
<td>What this section does</td>
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<td>Section 51 (8) &amp; (9)</td>
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| **S 51 (8) (e)** include information as to – | Identify trends in the public's health in your area  
What is the “picture of public health” in your area? | This may include collaborating with LGA & SA Health.  
Consult the State Public Health Plan and the Chief Public Health Officer's Report  |
| the state and condition of public health within the relevant region, and related trends; and | Identify environmental social and economic and practical considerations that relate to the public’s health in your area | What are the environmental, social, economic and other factors which are relevant to public health in your area?  
This may include collaborating with LGA & SA Health, as well as consulting Council’s own profiles for its area.  
Consult the State Public Health Plan and the Chief Public Health Officer's Report. |
<p>| (ii) environmental, social, economic and practical considerations relating to public health within the relevant region; and | No other matters outside of the State Public Health Plan has been identified |                 |
| (iii) other prescribed matters; and | No other matters outside of the State Public Health Plan has been identified |                 |
| <strong>S51 (8) (f)</strong> include such other information or material contemplated by this Act or required by the regulations. | No other matters outside of the State Public Health Plan has been identified |                 |
| <strong>S 51 (9) (a)</strong> include information about issues identified in any plan, policy or strategy specified by the Minister or SAPHC | See table below | See table below &amp; identify relevance and links to your area |
| <strong>S 51 (9) (a)</strong> address, and be consistent with, any intergovernmental agreement specified by the Minister | No intergovernmental agreement has been specified |                 |</p>
<table>
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<tr>
<th>Other plans, policies or strategies determined to be appropriate by the Minister</th>
<th>Strategic links to the State Public Health Plan</th>
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| South Australia's Strategic Plan<sup>28</sup> | South Australia's Strategic Plan outlines a medium to long-term course for the whole of South Australia. It sets out targets grouped under three priorities:  
> Our Community  
> Our Prosperity  
> Our Environment  
Cabinet oversees the implementation of South Australia’s Strategic Plan throughout the Government and into the community. In particular, it aims to ensure that State Government agencies are pursuing plan targets in a collaborative, focused and innovative way. |
| South Australian Government’s Seven Strategic Priorities and associated Action Plans<sup>29</sup> | The Seven Strategic Priorities are areas the government has chosen to focus on. The work, budgets, policy making and legislative agenda of the government will reflect the priorities. Seven Cabinet Task Forces are driving implementation and coordination of the strategic priorities. The priorities are:  
> Safe Communities, Healthy Neighbourhoods  
> Every Chance for Every Child  
> Creating a Vibrant City  
> An affordable place to live  
> Realising the benefits of the mining boom for all South Australians  
> Premium Food and Wine from our clean environment  
> Growing advanced manufacturing  
All seven priorities have synergies and pathways with health and wellbeing outcomes; however those priorities and their associated actions which have particular relevance with the State Public Health Plan’s vision are Safe Communities, Healthy Neighbourhoods, Creating a Vibrant City, Every Chance for Every Child and An Affordable Place to Live. |
<p>| The Planning Strategy for South Australia: 30 Year Plan for Greater Adelaide&lt;sup&gt;30&lt;/sup&gt; and related Regional Plans&lt;sup&gt;31&lt;/sup&gt; and policy library | Prepared by the South Australian Government pursuant to section 22 of the Development Act 1993 to guide land use and physical development, as well as the planning and delivery of infrastructure and services, across the state over the medium to long term. The Strategy identifies where future residential, industrial and commercial development will and will not occur. In doing so it sets out how the South Australian Government proposes to effectively manage population and economic growth and change, preserve the environment and respond to the many challenges confronting the state including climate change and water security. |</p>
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<th>Other plans, policies or strategies determined to be appropriate by the Minister</th>
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<tr>
<td>Prospering in a Changing Climate: A Climate Change Adaptation Framework for South Australia, August 2013</td>
<td>The Climate Change Adaptation Framework sets the foundation for South Australians to develop well-informed and timely actions to be better prepared for the impacts of climate change. It is intended to guide action by government agencies, local government, non-government organisations, business and the community.</td>
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<tr>
<td>Green Infrastructure Strategy</td>
<td>Provides guidance to planners, Local and State Government on how to integrate green infrastructure consideration into urban planning and urban form</td>
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<tr>
<td>The People and Parks Strategy</td>
<td>The People and Parks Strategy has been developed to guide how people visit, use and enjoy South Australia's national parks, marine parks and reserves. The strategy also aims to encourage more people to enjoy our state's parks, learn about nature and get involved in conservation activities within, and beyond, park boundaries.</td>
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<tr>
<td>South Australian Tobacco Control Strategy 2011-2016</td>
<td>The South Australian Tobacco Control Strategy 2011-2016 guides the state's tobacco control efforts to reduce the impact of tobacco smoking on the health and wellbeing of South Australians.</td>
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<tr>
<td>South Australian Alcohol and Other Drug Strategy 2011-2016</td>
<td>The South Australian Alcohol and Other Drug Strategy 2011-2016 guides the state's alcohol and other drugs control efforts to reduce the impact of alcohol and other drugs on the health and wellbeing of South Australians.</td>
</tr>
<tr>
<td>Aboriginal Health Care Plan 2010-2016</td>
<td>Aboriginal Health Care Plan 2010-2016 provides the basis for how health and other services can work in partnership with Aboriginal communities to address the gap in life expectancy and help Aboriginal people live longer healthier lives and</td>
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<tr>
<td>Eat Well Be Active Strategy 2011-2016</td>
<td>The Eat Well Be Active Strategy 2011-2016 provides a blueprint for action across Government and community to tackle growing threats to health and wellbeing posed by overweight and obesity. It provides concrete strategies for boosting opportunities for healthy living, healthy eating and increased physical activity</td>
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<tr>
<td>Chronic Disease Action Plan for South Australia 2009-2018</td>
<td>The Chronic Disease Action Plan 2009-2018 is a ten year plan to address chronic disease. It provides evidence and actions to support the prioritisation of secondary prevention, early intervention and disease management strategies to address the increasing burden of preventable chronic disease in South Australia.</td>
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<tr>
<td>South Australia's Communities for All: Our Age Friendly Future</td>
<td>This initiative strengthens the state's vision that all South Australians, including older people, are socially included and participate in active and independent lives. The three new South Australia's Communities for All: Our Age-friendly Future guidelines for local government, state government and residential development will help to build better social and physical environments that encourage older people to continue participating and contributing to their local communities well into later life.</td>
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<tr>
<td>South Australia's Oral Health Plan 2010-2017</td>
<td>The aim of this plan is to improve the oral health of all South Australians, but particularly those groups of people who are at most risk of poor oral health. There are specific public health and prevention strategies outlined in this plan which aim to enable people to have good oral health as part of their general health and wellbeing.</td>
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Second Lens: State Public Health Plan: *South Australia: A Better Place to Live*

| **State Public Health Plan:**  
| South Australia: A Better Place to Live  
| Councils are required to develop their public health plans in ways which are consistent with and have regard to the State Public Health Plan. Below are the specific priorities identified in the Plan. The full plan can be accessed at [www.sahealth.sa.gov.au/publichealthact](http://www.sahealth.sa.gov.au/publichealthact)  
| **Priorities**  
| **System Building Strategies**  
| The State Public Health Plan identifies a range of system building strategies designed to ensure the effective implementation and administration of the South Australian Public Health Act and the development building blocks for effective public health planning for the State and for communities in South Australia.  
| **Action Areas**  
| > Building Stronger Healthier Communities for All Generations  
| > Increasing Opportunities for Healthy Living Healthy Eating and Being Active  
| > Preparing for Climate Change  
| > Sustaining and Improving Public and Environmental Health |
The health of a community is affected by many different factors. This is acknowledged in the SA Public Health Act where section 51(8) asks Councils to “comprehensively assess the state of public health” in their area. It also calls for an examination of “environmental, social, economic and practical considerations relating to public health”. The State Public Health Plan also recognises this. However it also acknowledges that building a comprehensive data set to support public health planning by both State and Local Government is a significant developmental task. It has been incorporated into the System Building priorities as one of the key issues to be addressed over the course of the first planning cycle. By definition this must be a collaborative task between Councils, SA Health and other Public Health Partner Authorities because the data set must be relevant to all parties.

Local Councils already know a lot about their communities. They access data sets to enable their planning processes, they survey their communities, they consult their residents and collect a range of quantitative and qualitative data that can inform public health planning.

The LGA and SA Health are engaged in a developmental process which is identifying scoping and consolidating data sources which will inform public health planning. This will be progressively made available to Local Councils. An index of available data sources can be found at [www.sahealth.sa.gov.au/publichealthact](http://www.sahealth.sa.gov.au/publichealthact).


There are also a range of “starting points” which can provide an overview of data relevant to public health planning for your community.

**SA Government Data Directory**

**Easydata**

**Profile Id**
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35. http://www.sa.gov.au/subject/Housing%2Cproperty+and+land/Building+and+development/South+Australia%27s+I+and+supply+and+development/system/The+planning+strategy+for+South+Australia/Plans+for+regional+South+Australia
41. Local Government Act 1999
47. Community Indicators Victoria. www.communityindicators.net.au/


58. Betts, K. Population ageing in Australia: Policy implications of recent projections People and Place 2008; 16 (4) pp43-51


60. Extract from Taylor AW, Marin T, Avery J, Dal Grande. South Australian Aboriginal Health Survey. University of Adelaide, 2012. *Aboriginal interviewers used a paper questionnaire to undertake face-to-face interviews with both permanent and temporary residents from a randomly selected dwelling. A total of 399 interviews were undertaken, with a response rate calculated at 57.7 per cent. Due to cultural and logistical reasons this survey did not extend to the APY lands.


75 http://www.dpti.sa.gov.au/roadsafety/towards_zero_together

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92 http://www.be.unsw.edu.au/programs/healthy-built-environments-program/literature-review


100 http://www.thinkdesigndeliver.sa.gov.au/

101 South Australian Department for the Environment, Water and Natural Resources


The following demographic data is sourced from ABS 2011 Census data and compiled by Professor G Hugo, Australian Population and Migration Research Centre

South Australian Public Sector Workforce Information June 2012 Table 3 http://www.oper.sa.gov.au/page-57


http://www.health.sa.gov.au

http://www.healthycities.org


http://www.aracy.org.au

http://www.childfriendlycities.org


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162 Townsend M, Weerasuriya R. Beyond blue to green. Deakin University, Geelong, 2012.


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For more information

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publichealthact@health.sa.gov.au

If you do not speak English, request an interpreter from SA Health and the department will make every effort to provide you with an interpreter in your language.