



# Wellbeing in Our Community

Regional Public Health Plan for the Southern & Hills LGA  
**Background Report: Findings, Risks and Opportunities**

February 2015

# ACKNOWLEDGEMENTS

The Regional Public Health Plan was developed for the Southern and Hills Local Government Association, with the following Councils involved:

**Adelaide Hills Council**  
**Alexandrina Council**  
**Kangaroo Island Council**  
**District Council of Mount Barker**  
**Victor Harbor Council**  
**District Council of Yankalilla**

The S&HLGA Regional Public Health Plan has been undertaken with support from the Local Government Association and SA Health. Medicare Locals and a diversity of health providers have also been involved.

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# 1



## 1 ABOUT THE HEALTH PLAN

### 1.1 Requirements for a Health Plan

In June 2011, the South Australian parliament voted to repeal the Public and Environmental Health Act 1987 and passed legislation to replace it with the *South Australian Public Health Act 2011*.

The objectives of the *SA Public Health Act 2011* 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'.

The Act requires public health plans to be developed at both the State and Regional level on the basis that public health is considered to be a shared responsibility across all spheres of government and organisations that contribute to the social, environmental and economic fabric of communities.

Local Government is required to play a lead role in the development of the Regional Public Health Plans. This reflects the view that public health is closely aligned to the existing roles and commitments of Local Government and Local Councils are best placed to understand local community needs and issues.

The Southern and Hills Local Government Association (S&HLGA) Regional Public Health Plan responds to the requirements of the *South Australian Public Health Act 2011*, and in particular Section 51(8), which requires Regional Health Plans to address the following:

- **Assessment of the state of public health in the Region and relevant trends**
- **Identification of existing and potential public health risks**
- **Strategies to address, eliminate or reduce risks**
- **Opportunities and strategies for promoting public health**
- **Consideration of public health issues, plans, policies or strategies specified by the Minister (e.g. State Public Health Plan; Intergovernmental Agreements, Planning Strategy)**

The S&HLGA determined that it would adopt a comprehensive and considered approach to its Regional Health Plan and use the Health Plan to:

- **Identify common issues and trends for the region**
- **Consider and apply a Determinants of Health framework to its Health Plan**
- **Provide direction relating to the environmental, social and economic aspects of public health**
- **Consider opportunities for regional collaboration**

The Background Report outlines the findings of the comprehensive research and consultations and aims to provide a sound framework for the S&HLGA Regional Health Plan.

## 1.2 The Meaning of Public Health

The changes in the scope of South Australia's health legislation reflect the changes that have occurred in the contemporary understanding of what is meant by public health.

Public health continues to relate to environmental health risks, infection control measures, communicable diseases and monitoring and compliance of minimally acceptable standards of safety and hygiene in the provision of goods and services, as it did in the past. However, the concept of public health today is also concerned about the promotion of good health, the promotion of healthy lifestyles and behaviours, and strategies that are intended to build capacity and resilience in the individual, family, social networks and broader community.

The meaning of Public Health is now embedded in the legislation itself as follows:  
Sect (3) (1) Public Health means the health of individuals in the context of the wider community.

Sect (2) Without limiting the definition of public health in subsection (1), public health may involve a combination of policies, programs and safeguards designed:

- (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
- (b) to prevent or reduce the incidence of disease, injury or disability within the community

The term public health originated in the mid-19<sup>th</sup> century and was commonly associated with the threat at a societal level of outbreaks of infectious and communicable diseases originating from deficiencies in basic hygiene, infection control and safety measures. In many instances public health incorporated those concerns relating to environmental factors and particularly sanitation, water and air quality and the control of vermin and infection-spreading agents in the environment. Public health did not include issues associated with the treatment of specific illnesses or conditions (whether by surgery, medication or other means) at the individual level and it did not include the hospitals and asylums that developed during this time to treat and provide respite for those recovering from illness and disease.

The focus on environmental risk factors associated with a population's health was the first time that a preventative approach was adopted to reduce the risk associated with exposure to illness and disease. It was a forerunner to the early intervention and primary health care responses that today form such a major part of the total health care effort.

Through the 20th century the concept of public health grew to incorporate the advances being made in developing vaccines to tackle common communicable diseases such as measles, polio and tetanus. With increased industrialisation and manufacturing came an increased focus on environmental health concerns (not only water and air quality but also the noise and amenity aspects of a safe and healthy living environment). Food quality standards also rose in prominence throughout the 20th century with increasingly stringent controls being incorporated in public health policy, regulation and legislation at state and commonwealth level.

Today, the concept of public health incorporates a broader range of factors at both the individual and collective level. Public health now relates to:

- Non-communicable diseases (such as those arising from obesity, reduced opportunity for physical activity, nutrition poor foods and dietary habits, alcohol and tobacco consumption).
- Environmental, social and economic conditions that impact on individual and community health including issues that impact on a sense of wellbeing (e.g. income inequality, community connectedness).
- The fundamental elements of monitoring of infectious disease, maintenance of existing immunisation and other prevention programs.
- Emerging infectious disease strains, including those that have the potential to develop into a pandemic.

The promotion of healthy lifestyles, the creation of supportive physical environments that provide opportunities for people to pursue healthy living strategies and behaviours, and the broader concerns about the importance of people developing the capacity to achieve and sustain a state of well-being within the environment in which they live are now mainstream components of contemporary definitions of public health.

The physical and psychological benefits of a person (and the community) being active, adopting healthy lifestyles and benefiting from a sense of belonging and connectedness is today as much a mainstream component of public health as the efforts to tackle plague and disease were throughout the 19th century.

For the purpose of the S&HLGA Regional Public Health Plan, a simplified definition of public health has been developed that considers the evolution of public health and the legislation definition of public health.

The proposed definition of public health is as follows:

Public Health refers to all aspects of community health and well-being including promoting healthy lifestyles, contributing to the prevention of disease, injury and disability, and responding to social, economic and environmental factors that could impact on the health of communities and individuals.

## The Region's Area



### 1.3 Project Partners and Approach

As shown on the map on the previous page, the S&HLGA Regional Public Health Plan relates to a large geographical area with six Local Council areas involved including:

**Adelaide Hills Council**  
**Alexandrina Council**  
**Kangaroo Island Council**  
**District Council of Mount Barker**  
**City of Victor Harbor**  
**District Council of Yankalilla**

Whilst Barossa Valley is also part of the S&HLGA, it has connected with other Councils in the northern region of Greater Adelaide to develop its Regional Health Plan.

As explained later in this report, the S&HLGA region is very diverse with each Local Council area having different characteristics including within the Council areas themselves. The character of the populations and the determinants of public health differ considerably across the region and as such this requires an analysis and directions at the local level as well as from a whole of region perspective.

A coordinated and cooperative approach to developing the Regional Health Plan has been adopted through a combined Regional Health Plan Working Group and a coordinated commitment by the members of the Southern and Hills Local Government Association.

The S&HLGA Regional Public Health Plan aims to provide a clear direction for addressing and responding to public health risks, issues and opportunities in the Southern and Hills Region. Whilst the Regional Health Plan has been developed through Local Government, the Plan relates to all levels of government and organisations that have the potential to benefit public health.

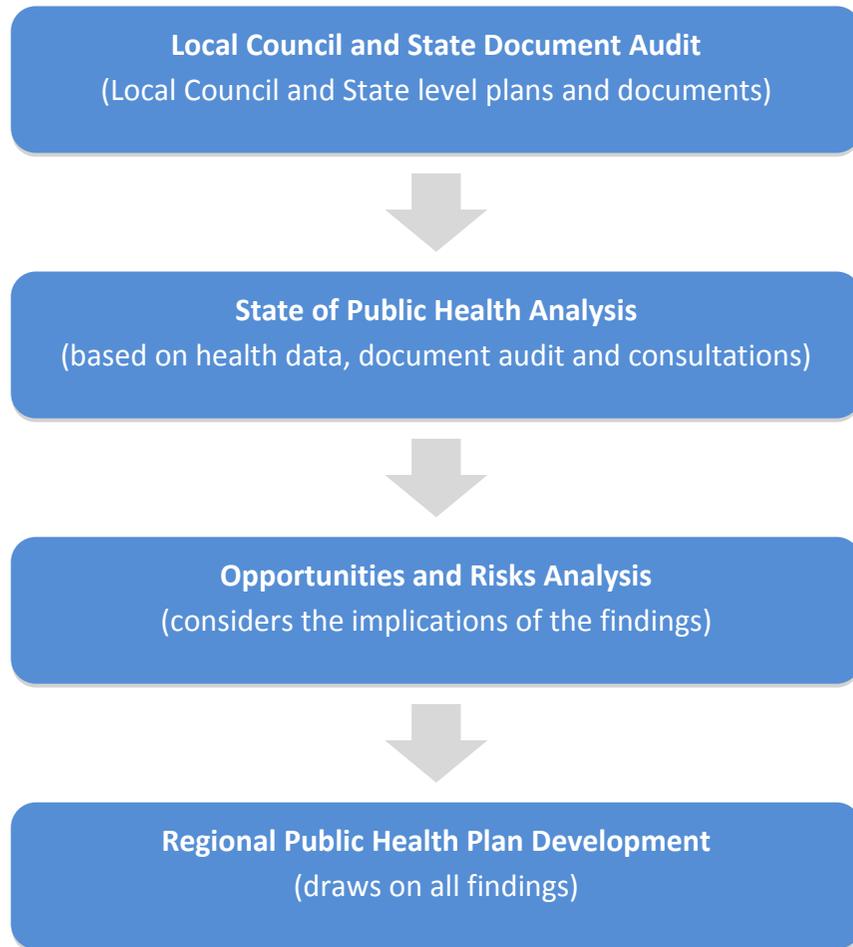
As shown in Figure 1 on the following page, the main steps undertaken in the study include:

- An audit of Local Council and State documents
- An analysis of the State of Health of the Region and the Local Councils
- Consideration of the risks, issues and opportunities relating to public health
- Development of the Regional Public Health Plan

The study has involved a consultative approach including:

- Sessions with the S&HLGA.
- A number of sessions with the Regional Health Plan Working Group.
- Consultations with Council staff in each Local Council area to understand and discuss local community needs, issues, risks, opportunities and potential strategies.
- Sessions with health stakeholders including for the Mount Barker and Adelaide Hills area, the southern areas and Kangaroo Island.
- Consultations with Medicare Locals and Health SA.

Figure 1: The Regional Public Health Plan 'Main Steps'



## 1.4 S&HLGA Health Plan Outcomes

The S&HLGA Regional Public Health Plan aims to assist the Local Councils in the Southern and Hills region, State and Federal Government agencies, and relevant health professionals and NGO organisations to contribute to enhancing community health and wellbeing over the next 10 years and beyond.

The Regional Health Plan will provide realistic strategies and directions that aim to benefit local communities and assist the Councils and other organisations to understand the priorities for the future. Specifically, the Regional Health Plan will assist the S&HLGA, its Local Councils, other public health providers and funding bodies to ensure available resources are allocated to priority public health projects and initiatives in the future.

As shown in Figure 2 below, the S&HLGA Regional Public Health Plan has involved developing two reports including:

- The Background Report, which outlines the research findings, the State of Public Health analysis and the analysis of risks and opportunities. The Background Report provides background information and a framework for the Health Plan Directions.
- The Directions Report, which provides the strategies and considers the role of local government and the other health partners. The Regional Public Health Plan Directions Report will guide the region on its future approaches and actions relating to public health. It includes broad directions for the region and individual plans for each local council in the region.

*Figure 2: The Regional Public Health Plan 'Main Outputs'*



# 2



## 2 BACKGROUND INFORMATION

### 2.1 Understanding the Region's Character

#### *The Geographic Character*

The Southern and Hills Region is a distinctive peri-urban and rural area adjoining the south and hills of the City of Adelaide in South Australia. The region includes a number of townships that have experienced growth over recent years as part of an urban spread, a 'sea change' trend and people tending to retire in coastal and rural towns.

The geographic character of the region is unique and varied with undulating treed hills areas, distinctive beaches and coastlines, coastal and heritage towns and rural landscapes contributing to a highly appealing place to live and visit. It is not uncommon for people living in the Adelaide Hills and Mount Barker districts to travel to the City for employment and education and the distance to the Adelaide City for the whole region is not overly far, with the exception of Kangaroo Island.

The region has significant natural beauty and a number of key industries that add economic value to the State including tourism, farming, food and wine production, forestry and fishing. The Lower Lakes (Lake Alexandrina) and the Murray Mouth have significant environmental value and provide an important recreation resource. The geographical isolation of Kangaroo Island protects the natural features of the Island but increases costs and can isolate the community.

## *Population Character Similarities and Differences*

In 2012, the S&HLGA region (excluding Barossa Valley) had a total estimated residential population of 118,630, which is an increase of around 9% from the 2006 Census. This population is anticipated to grow further as shown on the following page.

An analysis of the character of each Local Government Area in the Southern and Hills Region and data relating to public health has highlighted similarities and differences between the LGA's. The main findings are summarised below.

- There are similarities between the Adelaide Hills and Mount Barker council areas with both having a strong family focus. The proportion of children, youth and middle aged adults is quite high and this will create demand for family oriented health services as well as opportunities to achieve an active and healthy community. However, there is also evidence that the populations will soon begin to age and this highlights the importance of active ageing and health support for older adults.
- The similarities between the Alexandrina and Victor Harbor council areas are strong and the character of these areas is very different to the District Council of Mount Barker. Both Council areas have large proportions of older adults and this highlights that health risks are potentially high and there is a need for facilities, programs and services that support older people to remain in their homes and live active and fulfilling lives. Ageing is not the only potential health risk in these areas with high rental and mortgage stress and children with developmental issues, suggesting that some families could be struggling in these areas.
- The District Council of Yankalilla could be grouped with the Alexandrina and Victor Harbor councils as it has a larger proportion of older adults and there is likely to be close similarities regarding the health risks and needs associated with that age group. However, the Yankalilla council area could require special attention as it has a larger proportion of welfare dependant families and children with developmental issues, as well as rental and mortgage stress. The need to support families and children to address health related issues could be high in this area and specialised programs and services may be required.
- The character of Kangaroo Island and the associated health risks varies from the other Council areas due to the relative isolation of the Island. Families, children and youth are a key focus and children with development issues and the population's high suicide levels are particular concerns. Some of the health risks and characteristics are quite similar to the District Council of Yankalilla suggesting that there could be a close connection in responding to the risks across these LGA's.

Overall, the Southern and Hills Region is diverse and incorporates families with children and youth, middle aged groups and older adults that equally justify a commitment to public health initiatives and services.

In addition, there are potential 'sub regions' with similar population characteristics that could work together to achieve initiatives including:

- **Mount Barker and the Adelaide Hills**
- **Alexandrina, Victor Harbor and Yankalilla**
- **Kangaroo Island (with connections to Alexandrina, Victor Harbor and Yankalilla council areas for some initiatives)**

These 'sub regions' already have strong alliances regarding facility and service provision and this could be further reinforced through public health initiatives.

## Population Numbers and Projections

The projected population data in Figure 3 highlights that the Yankalilla and Kangaroo Island Council areas are very small and this will make it difficult for these Councils to undertake additional initiatives relating to public health without adequate funding and resources from other potential health partners, including other levels of government. Each of the Local Council areas in the region are anticipated to increase in size over the next 12 years (to 2026) with the main growth areas being the Mount Barker, Victor Harbor and Alexandrina LGA's. Adelaide Hills has the lowest growth rate in the region. The population growth is likely to increase community demands for health related facilities, programs and services.

Figure 3: Projected Population Figures for the S&HLGA Region

| LGA             | 2011 <sup>1</sup> | 2016             | % Change     | 2021             | % Change     | 2026             | % Change     |
|-----------------|-------------------|------------------|--------------|------------------|--------------|------------------|--------------|
| Adelaide Hills  | 39,699            | 40,334           | 1.60%        | 40,750           | 1.03%        | 41,210           | 1.13%        |
| Alexandrina     | 24,125            | 27,034           | 12.06%       | 28,881           | 6.83%        | 30,556           | 5.80%        |
| Kangaroo Island | 4,522             | 4,699            | 3.92%        | 4,922            | 4.73%        | 5,238            | 6.44%        |
| Mt Barker       | 30,353            | 34,238           | 12.80%       | 38,713           | 13.07%       | 43,734           | 12.97%       |
| Victor Harbor   | 14,176            | 16,033           | 13.10%       | 17,523           | 9.29%        | 19,178           | 9.45%        |
| Yankalilla      | 4,451             | 5,047            | 13.38%       | 5,622            | 11.41%       | 6,303            | 12.10%       |
| Region          | <b>117,326</b>    | <b>127,386</b>   | <b>8.57%</b> | <b>136,410</b>   | <b>7.08%</b> | <b>146,220</b>   | <b>7.19%</b> |
| State           | <b>1,639,614</b>  | <b>1,741,106</b> | <b>6.19%</b> | <b>1,825,550</b> | <b>4.85%</b> | <b>1,902,953</b> | <b>4.24%</b> |

<sup>1</sup>2011 – ERP Population 30 June 2011

Source: Department of Planning, Transport and Infrastructure, South Australian Government (2011)

(<http://www.sa.gov.au/topics/housing-property-and-land/building-and-development/land-supply-and-planning-system/planning-data-for-research-and-mapping/population-and-demographics/population-projections>)

## 2.2 Audit of Plans and Services

An audit of Council documents has been undertaken by the Local Councils through the District Council of Mount Barker. A review of relevant State Government plans and documents has also been undertaken including the State Health Plan - South Australia: A Better Place to Live. Key information obtained through the audit of Plans and Documents is summarised in this section and a more detailed summary that shows the connection of planning to the State Public Health Plan priority areas is provided in Appendix A.

### *South Australia: A Better Place to Live*

Key information obtained through the review of the State Health Plan is summarised below.

- Provides an understanding of the broad scope of public health and the importance of considering and planning for the determinants of health (e.g. lifestyle, socio-economic situation, the environment in which people live).
  - Considers the importance of identifying 'special or vulnerable' groups including Aboriginal and Torres Strait Islanders as well as ensuring equity amongst population groups.
  - Outlines the principles underpinning public health planning, including:
    - Collaboration (collaboration across spheres of government with the engagement and participation of communities)
    - Prevention (identifying and intervening in perceived threats to public health)
  - Discusses South Australia's health system and role, including the focus on primary prevention through the development of various plans and strategies.
- Indicates the roles of the different levels of government and other potential health partners in addressing public health. This includes outlining the importance of the role of local government in continuing to protect and improve the public health of a community. The document states that "This does not mean that Local Councils 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." The various potential roles of Leader, Owner, Regulator, Information provider, Advocate, Facilitator or Initiator, Agent, Part-funder or Partner and Direct Provider are outlined.
  - Provides a guide for measuring well-being including through the following indicators:
    - Healthy, safe and inclusive communities
    - Culturally rich and vibrant communities
    - Dynamic resilient local economies
    - Sustainable built and natural environments
    - Democratic and engaged communities
  - Provides a framework for assessing the health of a community.
  - Outlines the vision and priorities for public health in South Australia using the following 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

## *Council Plans and Services Audit*

An audit of Council Plans was undertaken as one of the first steps to the S&HLGA Regional Public Health Plan in accordance with the requirements of the *South Australian Public Health Act 2011*. The facilities and services provided by each Local Council have also been considered.

Broadly the audit of Council plans and services highlights that Local Government undertakes a range of planning, projects and service initiatives that relate to public health including:

- The provision of facilities and open space aimed at supporting healthy lifestyles.
- The provision or facilitation of programs and services that directly benefit the health of communities (HACC, immunisation, physical activity opportunities).
- Initiatives that support sustainable and connected communities ranging from volunteer programs to food sustainability initiatives.
- Enhancements to and management of the natural environment including strategic responses to climate change.
- A focus on environmental health including food safety, health regulations, waste management and a range of other commitments.

The particular focus of plans is summarised on the following pages for each Local Council followed by a summary of the facilities and services currently provided by Councils in the S&HLGA region.

Comments on the related achievements and commitments of Local Councils in the region are outlined in the Key Findings section of this Background Report.

### Planning Focus and Priorities Based on Audit of Council Plans

| Council Area   | Planning Focus/ Priorities   |
|----------------|--|
| Adelaide Hills | <ul style="list-style-type: none"> <li>▪ <b>Strategic Plan</b> focuses on road safety, volunteer initiatives, and improvements to HACC services, engagement with minority groups (youth, aged, indigenous, disability, mental health and multicultural), lifelong learning and prosperous economy.</li> <li>▪ <b>Business Plan</b> commits to continuing to provide waste services and various environmental services as well as providing additional community services (aged and disability services, sports facilities, library and customer services, youth activities, fire mitigation) and supporting events and festivals. Overall focus on meeting community's social, economic and environmental needs.</li> <li>▪ <b>Sport and Recreation Strategy</b> and <b>Open Space Strategy</b> plan for future and improved facilities and open space aimed at meeting community needs including regional sports precincts, indoor facilities, swimming centre and trails network.</li> <li>▪ <b>Public and Environmental Health Strategic Plan</b> aims to improve or undertake health promotion, lifestyle, safe facilities, sanitisation, public food safety education, water quality, pollution, chemical management, inspections and responses, vermin control, noise and air monitoring, waste management, immunisation services as well as ensuring facilities and households meet legislative standards.</li> <li>▪ Emphasis on protecting the natural environment, biodiversity and adapting to climate change through a number of plans.</li> </ul>   |
| Alexandrina    | <ul style="list-style-type: none"> <li>▪ <b>Strategic Plan</b> commits to quality open spaces and facilities and trails networks and enhancing the well-being of the community including through participation in activities. The Plan also promotes waste management and water efficiency and local produce.</li> <li>▪ <b>Business Plan</b> supports youth training and development, economic development, community programs including for young and older people, early intervention, equitable access to HACC services, OPAL programs, aquatic centre development, sport and recreation facilities and open space, events and efficient operational environmental health service (food safety, waste water management, communicable disease prevention).</li> <li>▪ <b>Recreation and open space plans</b> focus of encouraging activities, reducing the risk of obesity, encouraging healthy eating, providing quality facilities and open space and establishing trail networks.</li> <li>▪ <b>Town planning</b> identifies the potential for hubs and precincts that support culture and recreation, aims to improve service provision to older adults and sport and recreation provision, highlights opportunities for volunteers and events, improved water quality and conservation through wetlands.</li> <li>▪ <b>Public and Environmental Health Plan</b> focuses on maintaining assisted care and living standards (aged, disabled, general), planning for health impacts, public health projects and disasters, encouraging healthy eating, providing health promotion material, food safety standards, public pool health requirements and inspection approaches, the control of mosquitoes, reducing risk from needle stick injuries, maintaining water quality, maintaining immunisation and managing the risk of infectious diseases and managing fire risks.</li> <li>▪ <b>Environmental plans</b> focus on working with Traditional Owners to improve connection for Aboriginal People, local food projects, climate change adaptation and mitigation, protecting water resources and establishing community gardens.</li> </ul> |

*Planning Focus and Priorities Based on Audit of Council Plans (continued)*

| Council Area    | Planning Focus/ Priorities   |
|-----------------|--|
| Kangaroo Island | <ul style="list-style-type: none"> <li data-bbox="439 339 1984 459">▪ The <b>Kangaroo Island Plan</b> (as a volume of the South Australian Planning Strategy) plans for the growth of towns, diverse housing and healthy environments, encourages accommodation for older people and people with a disability or high care needs, identifies the need for open space, trails and other coastal facilities, encourages active lifestyles, aims to protect communities through environmental health, and suggests health, community and education facilities and services in suitable locations.</li> <li data-bbox="439 475 1984 563">▪ <b>Strategic Management Plan</b> focuses on supporting community groups to achieve multi-use facilities and trails, partnering with other agencies to ensure community health and wellbeing, and encourages and supports youth and aged services on Kangaroo Island. Transport for people with a disability is also a priority, along with tourism development and education on fire risks and management.</li> <li data-bbox="439 579 1984 635">▪ <b>Business Plan</b> talks of the importance of providing safe and well maintained sport and recreation facilities and continued environmental health activities.</li> <li data-bbox="439 651 1984 675">▪ <b>Urban design plans</b> provide a guide for developing walkable townships and appropriate sport and recreation facilities.</li> <li data-bbox="439 691 1984 715">▪ <b>Structure Plan</b> has a strong focus on tourism and economic development.</li> <li data-bbox="439 730 1984 748">▪ <b>Youth Strategy</b> provides a framework for supporting youth with networking opportunities and directions for education, employment and training.</li> </ul> |

*Planning Focus and Priorities Based on Audit of Council Plans (continued)*

| Council Area | Planning Focus/ Priorities  |
|--------------|---|
| Mount Barker | <ul style="list-style-type: none"> <li>▪ <b>Strategic Plan</b> promotes and guides urban growth and the provision of social infrastructure and increased economic development through employment, educational opportunities, access to technology, and access to government services. This includes increasing cycling and transport opportunities and improving and increasing sport, recreation and community facilities. WSUD is considered as well as directions relating to climate change and water quality.</li> <li>▪ <b>Business Plan</b> focuses on influencing urban growth to ensure appropriate transport, stormwater management and sport, recreation and community facilities, open space and a sustainable environment. Waste management and fire prevention directions are considered as well as environmental health activities (food safety, pools, compliance) and the need for street tree programs and planting.</li> <li>▪ <b>Town Centre Strategy</b> focuses on achieving quality built form with a strong community emphasis as well as transport, cycling and pedestrian opportunities. The emphasis is on creating a place for people. Environmental sustainability and streetscapes are also considered.</li> <li>▪ <b>Structure Plan</b> for growth areas focuses on establishing greenways and creating pedestrian and cycle routes and achieving walkable communities as well as establishing natural environments such as wetlands and waterways. Noise and air pollution solutions are also considered.\</li> <li>▪ <b>Township Master Plan</b> developed for Nairne plans for facilities and services that have a health focus including trails, and addresses the issues of bushfires, water management and flooding.</li> <li>▪ <b>Trails Plans and Bicycle Master Plan</b> developed to guide a network of walking, cycling and horse riding trails to support and encourage an active community. Landscaping and WSUD are also considered.</li> <li>▪ <b>Transport Master Plan</b> focuses on achieving a pedestrian and cycling oriented District and townships to promote activity and reduce motor vehicle use.</li> <li>▪ <b>Environmental Management Plan</b> provides directions for the management of fires, pest animals and diseases and site contamination.</li> <li>▪ <b>Climate Change Adaptation Report</b> increases Council’s response relating to vermin/pests during the warmer season (mice, rats, wasps, mosquitos), food related health issues arising from food premises (food spoilage, disease, pests), waterway health (increased algal growth, eutrophication, decomposition of vegetation), vector-borne diseases. In addition, directions relating to bushfire events are provided.</li> <li>▪ <b>Integrated Water Management Plans</b> provide directions waste water treatment, water quality and filtration, and the re-use of water for public spaces as well as WSUD.</li> <li>▪ <b>Hills Positive Ageing Strategy</b> outlines opportunities for older adults to remain active and healthy including directions for care services.</li> <li>▪ <b>Open Space, Recreation and Public Realm Strategy</b> provides directions for the future provision and enhancement of sport and recreation facilities, encourages and guides pedestrian and cycling opportunities and places a strong focus on achieving active and connected communities. Directions that support activity and healthy lifestyle relating to children, youth, adults and older adults are provided and a range of health related topics are considered such as diversity, innovative play, sport and recreation hubs, trees, and landscapes and WSUD.</li> </ul> |

*Planning Focus and Priorities Based on Audit of Council Plans (continued)*

| Council Area  | Planning Focus/ Priorities   |
|---------------|--|
| Victor Harbor | <ul style="list-style-type: none"> <li>▪ <b>Urban Growth Management Strategy</b> and Community Plan focus on providing adequate housing for people, achieving a strong transport network including community transport, improving communication networks and education and skills development opportunities and the effective provision of health and community services. In addition the plans provide directions for supporting people with a disability, children’s services, new resident connection and volunteer opportunities, young people and sport and recreation opportunities.</li> <li>▪ <b>Business Plan</b> plans for appropriate housing stock, guides walking and cycle networks and footpath enhancements as well as transport networks, and focuses on quality open space and sport and recreation facilities. Volunteers and support to families with young children and new residents as well as stormwater and bushfire responses are also addressed.</li> <li>▪ <b>Recreation and Open Space Strategy</b> focuses on establishing and enhancing sport and recreation facilities and open spaces including natural areas and improved pedestrian and cycle opportunities. Children, youth, families, older adults and achieving integrated and healthy communities are a particular focus.</li> <li>▪ <b>Youth Strategy</b> focuses on supporting and strengthening the confidence and skills of young people to assist them to gain employment. Participation in recreation and sport activity and providing welcoming places for young people to socialise is also a focus.</li> <li>▪ <b>Environmental Management Plan</b> raises the importance of the coastal environment and recreation and sport, as well as water quality.</li> <li>▪ <b>Tree Management Plan</b> aims to maintain trees and ensure the safety of park users.</li> <li>▪ <b>Management Plan for Encounter Lakes</b> includes water testing of the lakes and safety of recreation infrastructure.</li> <li>▪ <b>Foreshore Coastal Park</b> focus on improving the quality, function and amenity of the coast and includes directions for enhancing walking and activity opportunities and protecting the dunes and coastal vegetation.</li> <li>▪ <b>Boating Strategy</b> outlines safety requirements.</li> <li>▪ <b>Footpath and Pedestrian Strategy</b> provides a framework for achieving a ‘walkable’ environment and creating alternative transport options.</li> <li>▪ <b>Traffic Management Strategy</b> aims to improve road and pedestrian safety and reduce vehicular crashes and managing vehicular speeds.</li> <li>▪ <b>Master Plans for Victor Harbor</b> and <b>Railway Precinct Master Plan</b> include directions on pedestrian links and creating appealing places for people to recreate. Improving sport and recreation facilities including through a foreshore promenade is also a focus.</li> </ul> |

*Planning Focus and Priorities Based on Audit of Council Plans (continued)*

| Council Area | Planning Focus/ Priorities   |
|--------------|--|
| Yankalilla   | <ul style="list-style-type: none"> <li>▪ <b>Strategic Plan</b> focuses on optimising the health of the community, providing public and environmental health services, promoting quality of life for the disabled and aged; providing and promoting sport, recreation and community services and facilities, providing community transport for disadvantaged residents, providing appropriate housing options and facilitating networking. In addition, volunteerism, public safety, tourism and water management are a focus.</li> <li>▪ <b>Strategic Directions Issues Paper</b> focuses on improving the economy and economic development, township redevelopment, extension of walking and cycle trails and conserving natural environments.</li> <li>▪ <b>Business Plan</b> highlights emphasis on core services including managing basic infrastructure, waste disposal and environmental health services as well as focus on library and community centre, community programs, community transport and maintaining natural environment.</li> <li>▪ <b>Social Plan</b> focuses on achieving a range of transport options within and outside the District, supporting people with limited mobility, increasing education opportunities, supporting young people in leadership roles, and supporting older adults to remain in their homes including through HACC services as well as carers.</li> <li>▪ <b>Structure Plan</b> for main towns highlights the importance of open space, walking and cycle trails and connections, greater housing choice, and stormwater management and WSUD.</li> <li>▪ <b>Animal Management Plan</b> aims to increase public safety and guide the provision of off leash areas.</li> <li>▪ <b>Strategic Tourism Plan</b> guides tourism and economic development, manages recreation use of natural areas and supports events and activities that bring visitors to the area.</li> </ul> |

*Public Health Related Facilities and Services Provided by Local Councils in the Region*

| Local Council  | Key Facilities  | Direct Health and Environmental Health Services   | Other Community Services (indirect Value)  |
|----------------|---|---|--|
| Adelaide Hills | <ul style="list-style-type: none"> <li>▪ 3 community centres</li> <li>▪ 1 positive ageing centre</li> <li>▪ 3 libraries</li> <li>▪ 19 halls</li> <li>▪ 25 sportsgrounds and sports facilities</li> <li>▪ 1 indoor sport and recreation centre</li> <li>▪ 1 aquatic centre</li> </ul>  | <ul style="list-style-type: none"> <li>▪ HACC service</li> <li>▪ Positive ageing project officer</li> <li>▪ Immunisation clinics and school program</li> <li>▪ Mount Lofty Ranges Waste Control project</li> <li>▪ Education programs on food handling, immunisation, waste water</li> <li>▪ Food premises inspections and advice</li> <li>▪ Kerbside recycling, green waste collection, kitchen caddies, dump passes, chemical collection program</li> <li>▪ Wastewater systems advice and high risk manufactured waste system program</li> <li>▪ Market inspections and permits</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Trails Strategy</li> <li>▪ 6 Council owned retirement villages</li> <li>▪ 5 child care centres (not Council)</li> <li>▪ Youth development officer</li> <li>▪ Volunteering opportunities linked to Council facilities and services</li> <li>▪ ACE skills training opportunities</li> <li>▪ School holiday programs</li> <li>▪ Outreach services</li> <li>▪ Digital hub</li> <li>▪ Library story telling and adult book clubs</li> <li>▪ JP service at Council</li> </ul>   |
| Alexandrina    | <ul style="list-style-type: none"> <li>▪ 1 community centre</li> <li>▪ 1 positive ageing centre</li> <li>▪ 4 libraries</li> <li>▪ 13 halls and function facilities</li> <li>▪ 28 hectares of sportsgrounds and sports facilities</li> <li>▪ 1 indoor sport and recreation centre</li> <li>▪ Goolwa Sports Stadium</li> <li>▪ 2 aquatic facilities (Strathalbyn Swimming Pool and Fleurieu Regional Aquatic Centre under design)</li> <li>▪ 72km walking paths including Encounter Bikeway between Goolwa and Victor Harbor</li> </ul> | <ul style="list-style-type: none"> <li>▪ Home Assist &amp; social support programs for over 65's, e.g. HACC service</li> <li>▪ Council immunisation clinics</li> <li>▪ Inspections including food premises inspection, food poisoning follow up, market inspections, advice to new premises, audit of high risk premises</li> <li>▪ Waste management including onsite wastewater management inspections, provision of kerbside recycling, green waste collection, waste collection, chemical collection program, electronic waste collection program</li> <li>▪ Other environmental services including wastewater system applications, advice follow up, noise/air/water quality programs, High Risk Manufactured Waste System inspections</li> </ul> | <ul style="list-style-type: none"> <li>▪ Part time youth development officer</li> <li>▪ Fleurieu Families program</li> <li>▪ A range of programs through Council facilities including youth and family programs, programs for under 65s, school holiday programs, digital hub services</li> <li>▪ Volunteering opportunities through various departments including libraries, community centres, environment and tourism</li> <li>▪ Education opportunities including Food Handler training, Immunisation education, wastewater education</li> <li>▪ Market permits and traffic control</li> <li>▪ JP services</li> <li>▪ Stormwater reuse and management</li> </ul> |

*Public Health Related Facilities and Services Provided by Local Councils in the Region*

| Local Council   | Key Facilities   | Direct Health and Environmental Health Services  | Other Community Services (indirect Value)  |
|-----------------|--|--|--|
| Kangaroo Island | <ul style="list-style-type: none"> <li>▪ Council provides or contributes to various facilities that enhance community wellbeing, such as:               <ul style="list-style-type: none"> <li>- Sporting facilities</li> <li>- Parks and gardens</li> <li>- Walking tracks</li> <li>- Playgrounds</li> <li>- Barbecues</li> <li>- Camping grounds</li> <li>- Boat ramps</li> <li>- Public ablution facilities</li> </ul> </li> </ul>  | <ul style="list-style-type: none"> <li>▪ Environmental Health regulatory functions</li> <li>▪ Environmental Health incident investigation</li> <li>▪ Liquid and solid waste management</li> <li>▪ Health promotion and community education for environmental health functions:               <ul style="list-style-type: none"> <li>- Food safety</li> <li>- Food handling and preventing food borne illness</li> <li>- Rain water tanks assessment</li> <li>- Swimming pools and spas</li> <li>- Liquid (septic and trade), waste</li> <li>- Environmental health nuisance (air, water, noise, asbestos, vermin, mosquitos)</li> </ul> </li> </ul>  | <ul style="list-style-type: none"> <li>▪ Environmentally relevant activities</li> <li>▪ Safe and suitable housing</li> <li>▪ Personal appearance services (hair, beauty, piercing, and tattoo)</li> </ul>  |
| Mt Barker       | <ul style="list-style-type: none"> <li>▪ 1 small community centre</li> <li>▪ 1 District Library</li> <li>▪ 12 halls and community buildings</li> <li>▪ 16 sportsgrounds (including 14 clubrooms, 10 football/cricket ovals, 3 soccer fields, 1 hockey field, 4 softball diamonds, 62 outdoor courts, 2 golf courses, 3 lawn bowls clubs, 1 croquet club)</li> <li>▪ 1 Indoor Recreation Centre</li> <li>▪ 1 outdoor pool (50m)</li> <li>▪ Over 400 ha of public open space across 300 reserves (including 7 regional open space assets and 2 conservation reserves)</li> <li>▪ 9 km of shared trails</li> <li>▪ 30 play spaces (includes playgrounds, 2 skate parks, 6 BMX tracks, 1 rage cage, 1 half court)</li> <li>▪ 1 childcare centre</li> </ul> | <ul style="list-style-type: none"> <li>▪ HACC service</li> <li>▪ 0.2 FTE Community Development Officer for positive aging</li> <li>▪ Regional Positive Aging Taskforce</li> <li>▪ Immunisation clinics including Immunisation in schools (outreach)</li> <li>▪ 0.6 FTE Community Development Officer for Youth Development</li> <li>▪ Youth leadership, mentoring, recreation programs and intervention initiatives</li> <li>▪ Inspection services including food inspections, market inspections and permits, swimming pools and waste systems</li> <li>▪ Waste management including kerbside recycling, green waste collection, kitchen caddies, dump passes, chemical collection program, Community Waste Management Scheme</li> <li>▪ Bushfire risk management and community education programs</li> </ul> | <ul style="list-style-type: none"> <li>▪ Community transport program with 1 community bus</li> <li>▪ Every Generation festival</li> <li>▪ Youth Week</li> <li>▪ Participation in regional youth network/development</li> <li>▪ School holiday programs in Library</li> <li>▪ Family Librarian</li> <li>▪ 1 volunteer officer and financial contribution to Hills Volunteering</li> <li>▪ ACE programming at Mount Barker Community Centre</li> <li>▪ Environmental services including urban planning and development control services, water recycling (from CWMS), tree planting, riparian area management, arborist</li> <li>▪ Support to Adelaide Hills Farmers Market</li> <li>▪ 1 Community Development Officer for arts and recreation</li> <li>▪ Community activity support e.g. to events, men's shed, Community Arts Hub</li> <li>▪ Community grants program</li> </ul> |

*Public Health Related Facilities and Services Provided by Local Councils in the Region*

| Local Council | Key Facilities   | Direct Health and Environmental Health Services   | Other Community Services (indirect Value)   |
|---------------|--|---|---|
| Victor Harbor | <ul style="list-style-type: none"> <li>▪ Positive Ageing Centre (Carrickalinga)</li> <li>▪ Library linked to Civic Centre</li> <li>▪ 5 halls and function facilities</li> <li>▪ Various sportsgrounds and facilities</li> <li>▪ Indoor Recreation Centre</li> <li>▪ Developing Aquatic centre with Alexandrina Council</li> </ul>  | <ul style="list-style-type: none"> <li>▪ HACC Caring Neighbourhood Program</li> <li>▪ Disability Access Advisory Committee</li> <li>▪ Southern Fleurieu and KI Positive Ageing Taskforce involvement</li> <li>▪ Food premise inspections</li> <li>▪ Waste Management (by Fleurieu Regional Waste Authority) which includes recycling and green waste</li> <li>▪ Water sampling program for Encounter Lake and Franklin Island Lake</li> </ul> | <ul style="list-style-type: none"> <li>▪ Southern Communities Transport Scheme</li> <li>▪ Contribution to school and community bus service</li> <li>▪ Youth Development Officer</li> <li>▪ Fleurieu Families program (support to families with young children)</li> <li>▪ Volunteer Week Small Grants Program</li> <li>▪ Volunteer recognition events</li> <li>▪ STAR Club Field Officer Program</li> <li>▪ Support to various events (farmers and foreshore market, schoolies events)</li> <li>▪ Community Grants Program through Council</li> <li>▪ Network facilitation for service provision</li> </ul> |
| Yankalilla    | <ul style="list-style-type: none"> <li>▪ 1 youth and community centre (The Centre, Yankalilla)</li> <li>▪ Yankalilla School Library (managed by Council)</li> <li>▪ 1 hall (Second Valley)</li> <li>▪ 1 oval (Rapid Bay)</li> <li>▪ Carrickalinga and foreshore shared pathways</li> <li>▪ 45 parks and reserves across 9 towns, 9 nature reserves, 8 main coastal reserves and a number of buffer and walkway reserves</li> </ul> | <ul style="list-style-type: none"> <li>▪ School immunisation program</li> <li>▪ Environmental health officer involved in food safety program</li> <li>▪ Fleurieu Regional Waste Authority including recycling initiatives</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Community transport services including HACC transport (Council provides buses and vehicles)</li> <li>▪ Seniors IT services</li> <li>▪ Library services</li> <li>▪ Youth officer who runs a number of programs and events</li> <li>▪ Community services section involved in arranging programs and events</li> <li>▪ Volunteer coordination</li> <li>▪ NRM local environmental groups (29)</li> </ul>   |

## *State Documents Review*

A review of other relevant State documents has been undertaken and this provides useful information that can be used to respond to the issues and gaps in the S&HLGA Regional Health Plan. It also gives an indication of the focus and potential role of State Government.

Particularly valuable strategies and documents that are relevant to the findings in the S&HLGA Regional Public Health Plan include:

- The South Australian Strategic Plan
- The South Australian Government's Seven Strategic Priorities
- The Planning Strategy for South Australia: 30 Year Plan for Greater Adelaide
- Eat Well be Active Strategy 2011-2016
- South Australian Alcohol and Other Drug Strategy 2011-2016
- South Australia's Mental Health and Wellbeing Policy 2010—2015
- SA Suicide Prevention Strategy 2012-2016
- Prospering in a Changing Climate: A climate Change Adaptation Framework for South Australia 2012

The 'key messages' outlined in the State strategies are summarised below.

- Importance of strengthening the economy to contribute to community wellbeing and health.
- Importance of increasing the safety of neighbourhoods and people's sense of place, as well as strengthening the vibrancy of cities and places.
- Need for quality facilities and services that support community activity, particularly in the growth areas.
- Importance of open space including recreation parks, linear parks, natural areas and sportsgrounds that support community activity and people's connection to the places and the environment.
- Need to support Aboriginal and Torres Strait Islander People, given these people are at greater risk regarding health and wellbeing.
- Need to increase child development and achieve healthy children.
- Value of food production, food sustainability and healthy eating within communities particularly by children and young people.
- Need to address issues and impacts relating to tobacco use, alcohol abuse and drugs, particularly relating to people at risk.
- Need to focus on preventing chronic disease, particularly in relation to lower socio-economic communities, Cultural and Linguistically Diverse communities and Aboriginal and Torres Strait Islander People.
- Importance of an 'active ageing' focus including through the provision of community and health services and by encouraging physical activity.
- Importance of creating walkable environments through pedestrian and cycle networks and reducing people's dependency on motor vehicles.
- Importance of protecting and enhancing the natural environment, focusing on water resource management and maintaining quality water supplies.
- Need for a coordinated response to climate change and consideration of the broad implications of climate change on public health.
- Need for coordinated and strategic approaches to addressing public health and related issues.

Specific directions and information in the State Plans and Strategies are summarised in Appendix A.

## 2.3 Health Trends

The health and wellbeing of communities is an ongoing priority for all levels of government and various other organisations including the many health service organisations that have been established to support children, families, youth and older adults or to address health issues such as diabetes, dementia, mental health and other illnesses.

Over the past 10 years there has been an increasing focus on health prevention and awareness such as through the OPAL and Healthy Eating be Active programs. However, Federal and State Government funding has recently been cut to these types of programs and to various health related non-government organisations (NGO's). The loss of funding and the potential reduced focus on health prevention and awareness at the State and Federal Government level has been raised as a concern by many health stakeholders consulted as part of the S&HLGA Regional Health Plan.

If there is a continued reduction in the funding to health promotion and a lack of commitment to health prevention this would be a negative trend that has the potential to impact on the future health and wellbeing of communities.

Other health trends that could impact on the health of communities in the Southern and Hills Region include:

- **The ageing population and age related diseases.** As people age they become vulnerable to adverse outcomes and experience a gradual diminution of function which limits their ability to fully participate in life. Ageing people are more at risk of chronic health conditions (arthritis, respiratory dysfunction, dementia etc) and the number of people with cancer is expected to increase in accordance with the ageing population. As people live longer the chances of being exposed to illnesses and conditions that impact on a person's state of health and wellbeing is increased.
- **Alcohol and drug use.** This is a continuing issue in society including an increase in alcohol related 'harms' and heavy drinking among young adults. The amateurisation of illicit drug production (e.g. methamphetamines labs) is also a concern that is identified in the SA's Alcohol and Other Drug Strategy.
- **Mental illness.** Mental illness associated with drug and alcohol use, the stresses of living and genetic disposition is becoming an increasing issue and there is a need for early prevention and support. Data highlights that one in five people will experience a mental health issue in any 12 month period and that mental health conditions can be experienced by anyone regardless of their socio-economic status, level of education attained, income level or position within society. Mental health and the risk of suicide is a particular issue for young people.

- **Obesity and overweight.** There has been an increasing focus on healthy eating and exercise over recent years through the Heart Foundation, government initiatives and reality TV programs. This trend is in response to high levels of overweight and obesity in Australia, which has a high impact on the health of individuals and the costs of providing associated health care services. ABS statistical data highlights increasing numbers of people walking, riding a bike, exercising and playing sports. This is a positive trend that is supported through the provision of quality facilities, open spaces and programs by Local Councils. The awareness of diet and checking nutrition information on processed food packages also appears to be increasing, particularly amongst higher socio-economic communities. Increased healthy eating and nutrition awareness by all people in the community should be an ongoing focus.
- **The trends in population movement.** The following trends are particularly relevant to the S&HLGA.
  - People commuting out of their area for employment on a regular basis which has the potential to reduce their connection to the local neighbourhood or contribute to community wellbeing.
  - People with lower incomes seeking more affordable housing (including rental) in the region, which has the potential for some areas to attract concentrations of disadvantaged and ‘at risk’ individuals, which can be associated with various health and social issues.
  - People obtaining a second home in an area for holiday use and subsequently becoming a temporary resident. There is a risk that these people may not connect to the local community or participate in local activities.
  - People moving to a new area are at risk of social isolation due to a loss of friendships and social support networks.
  - Potential reduced social connection as a result of ageing, disability, sickness, loss of a partner etc.

These trends are further discussed in Appendix B.

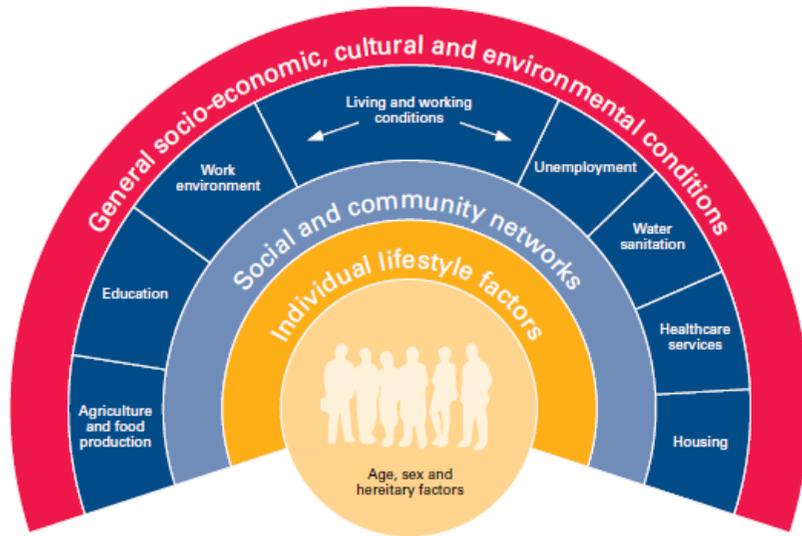
## 2.4 Public Health Determinants

The State Public Health Plan highlights the importance of considering the different determinants of public health based on World Health Organisation (WHO) frameworks and the impact they can have on the health of communities.

The determinants of public health are the conditions in which people are born, grow, live and age (WHO 2011). This includes various social, economic and environmental factors as outlined below and as reflected in the proposed definition of public health.

| Determinants of Health | 'Determinant' Examples   |
|------------------------|--|
| Social                 | Social connection and inclusion<br>Active citizenship and participation<br>Healthy living (physical activity, diet, alcohol and tobacco)<br>Health awareness and prevention<br>Illness, disease, disability, injury<br>Mental health |
| Environmental          | Facilities and infrastructure<br>Natural environment<br>Environmental quality (noise, air, water)<br>Food security and safety<br>Remoteness / location   |
| Economic               | Education<br>Employment<br>Income and wealth equality<br>Housing character and quality   |

Figure 4: Main Determinants of Health Diagram  
 Source: Dahlgren and Whitehead 1992



The S&HLGA Regional Public Health Plan adopts a ‘Determinants of Public Health’ approach to assessing risks, needs and issues and guiding the opportunities and potential strategies.

According to the World Health Organisation (WHO), at least 50% of the factors that determine the health of individuals and communities have a social, economic or environmental focus and local government has the capacity to influence each of these factors. A breakdown of the main determinants of health based on WHO data is provided below.

| Determinants of Health            | Proportion of Influence on Health |
|-----------------------------------|-----------------------------------|
| Individual Factors, e.g. genetics | 10%                               |
| Health Care and Clinical Services | 10%                               |
| Health Behaviours                 | 30%                               |
| Social and Economic Factors       | 40%                               |
| Physical Environment              | 10%                               |

Source: Ilona Kickbusch, Past SA Thinker in Residence  
 Conference Presentation: 25 July 2014, *How does society create health and wellbeing?*

# 3



## 3 STATE OF HEALTH OF THE REGION

### 3.1 Health of the Region

#### *The Analysis Approach*

To assess the 'State of Public Health' in the Southern and Hills region, consideration has been given to health related data including through:

- PHIDU reports providing health data summaries
- The Australian Bureau of Statistics
- Materials published by the Australian Institute of Health and Welfare
- Research and data collated by Medicare Locals in the region
- Information relating to other health services and health research organisations (at a state and national level)

The data has been drawn together for the region as a whole as well as for each Local Government Area in the region. The data is summarised in Appendix C and information is presented on the following pages.

The findings of the consultations have been considered to achieve a balanced quantitative and qualitative analysis.

To analyse the 'State of health' a number of indicators have been used that are consistent with the 'Determinants of Health' approach including:

- **Population Profile**
- **Education**
- **Employment**
  - **Workforce Status**
  - **Industry Sector**
- **Income and Wealth**
- **Housing (including the temporary resident implications)**
- **Early Life and Childhood**
- **Personal Health and Well-being**
  - **Health Conditions**
  - **Health Risk Factors**
  - **Mental Health**
  - **Avoidable Deaths**
- **Medical Benefits Schedule Usage**
- **Community Connectedness**

Collectively these indicators aim to describe the State of Health of communities in the Southern and Hills Local Government Area.

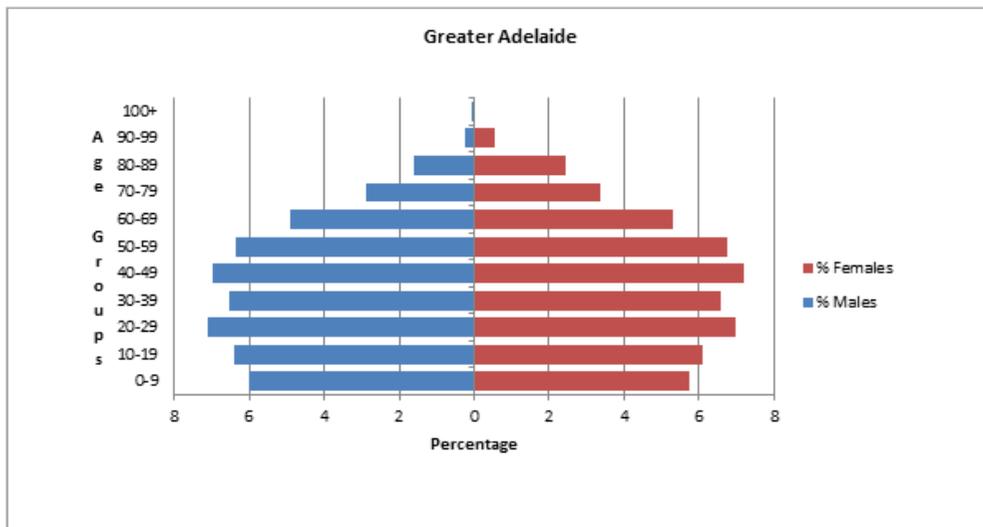
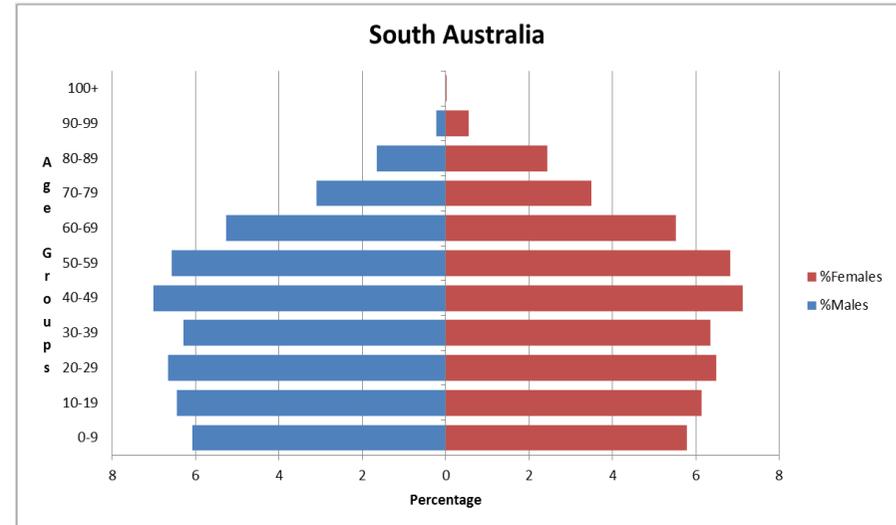
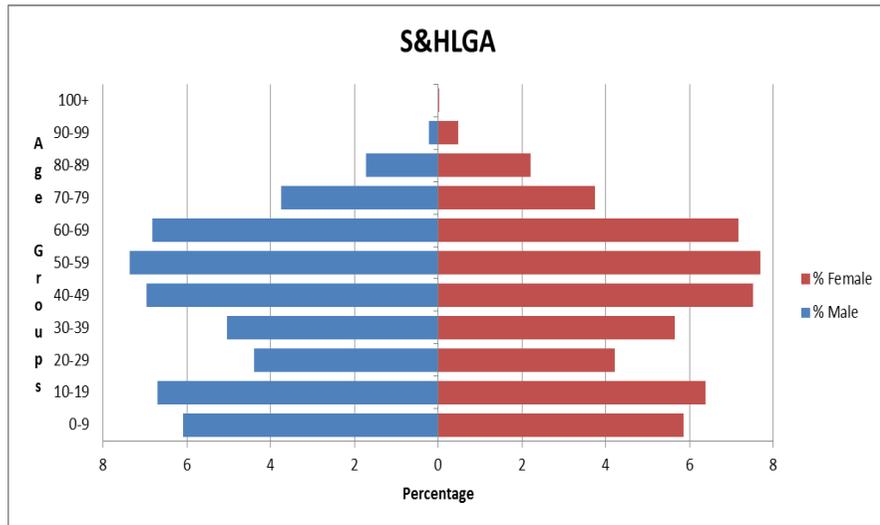
## *Population Profile*

The population profile of the study area (i.e. S&HLGA excluding Barossa Valley) has the potential to impact on the requirements for public health related facilities, programs and services. The main findings are as follows:

- The total estimated residential population for the region in 2012 (excluding Barossa Valley) was 118,630 which is an increase of around 9.0% from the 2006 Census. This population is anticipated to increase by around 30,000 by 2026 and could increase further in accordance with the 30 Year Plan for Greater Adelaide.
- The region has a larger proportion of older adults including:
  - 7.43% of males and 7.61% of females 50-59 years of age (compared to 6.58% and 6.76% respectively for South Australia)
  - 6.92% of males and 7.21% of females 60-69 years of age (compared to 5.21% and 5.55% respectively for South Australia)
- Some areas in the region have a smaller proportion of young adults which is a common issue in rural areas (with young people moving to the City or elsewhere) and also reflects the retirement focus of some areas in the region such as in the Victor Harbor, Alexandrina and Yankalilla LGA's.
- The character of the region is quite varied. The Victor Harbor, Alexandrina and Yankalilla council areas have large proportions of older adults, Kangaroo Island's population is beginning to age and the District Council of Mount Barker and the Adelaide Hills LGA's have larger proportions of younger and middle aged adults, as well as children and youth.

Overall, the population profile analysis highlights that the Southern and Hills Region has a mixed and growing population that is likely to have high demand for health services for older people as well as the need for facilities, programs and services that support an active lifestyle for families and young people and middle aged and ageing adults. Health prevention will be essential for all age groups, including in the LGA's with younger populations (to reduce health issues in the future).

Population Profile Comparison in 2012  
(Region vs State and Greater Adelaide)



## Other Population Indicators

Other findings associated with the population characteristics and the potential implications for public health are outlined below.

| Characteristic           | Key Findings  | Public Health Implications  |
|--------------------------|---|---|
| <b>Education</b>         | The rate of participation by 16 year olds in high school is good for the region (compared to state and national levels), but lower for the Kangaroo Island and Yankalilla LGA's.  | A lower education could result in social issues with youth and a greater need to promote the benefits of healthy lifestyle (with awareness levels tending to reflect education levels). Lower education can also impact on future employment and income prospects which can impact on future wealth and potential health.   |
| <b>Employment</b>        | <p>Unemployment rates for both males and females in the region are below both the state and national rate. However, where there is an older population such as in Alexandrina, Victor Harbor and Yankalilla, there are fewer people in the labour force.</p> <p>The industries which have the highest percentage of employment for males for the region are construction and manufacturing. Agriculture, Fishing and Forestry is also a key industry, particularly on Kangaroo Island. Industries which have the highest percentage of employment for females for the region are Health Care and Social Assistance, and Retail Trade.</p>   | <p>The lower unemployment rate reduces the risk of welfare dependency and associated health issues. However, income levels will be lower for those not in the labour force and this highlights the need for affordable physical activity and health programs.</p> <p>The high employment in Health care and Social Assistance is consistent with the rates evident at both a state and national level.</p>  |
| <b>Income and Wealth</b> | <p>The rate of people receiving a government pension or assistance payment in the region (as a whole) is below the state and national rates. However, the rate of people receiving a Disability Support Pension is above the national rate but below the state rate. Councils with higher proportions of residents receiving Disability Support Pensions include Alexandrina, Kangaroo Island, Victor Harbor and Yankalilla. In addition, a number of the council areas have higher rates of people receiving other government pensions and assistance payments including Alexandrina, Victor Harbor and Yankalilla.</p> <p>The rate of people in the region experiencing rental stress is above both the state and national rate. Mortgage stress is also an issue with the Alexandrina, Kangaroo Island, Mount Barker, Victor Harbor and Yankalilla councils all having higher rates of people experiencing mortgage or rental stress.</p> <p>As highlighted in an analysis of 'Local Council State of Health' (provided later in this report), a number of councils have lower income and welfare dependant families. This is particularly an issue for the Alexandrina, Victor Harbor and Yankalilla council areas.</p> | <p>The data confirms the variation in the characteristics of the region, with the Alexandrina, Victor Harbor and Yankalilla LGA's having greater reliance on pensions and assistance due to the older populations and welfare dependent families.</p> <p>Where there is reliance on pensions and assistance, and high rates of mortgage and rental stress, there could be health related issues such as an inability to afford programs, services and healthy eating.</p> |

Other Population Indicators (continued)

| Characteristic             | Key Findings   | Public Health Implications  |             |                             |                |      |    |              |      |    |             |     |    |                 |     |    |            |     |    |               |     |    |  |
|----------------------------|--|-----------------------------|-------------|-----------------------------|----------------|------|----|--------------|------|----|-------------|-----|----|-----------------|-----|----|------------|-----|----|---------------|-----|----|--|
| <p><b>SEIFA Levels</b></p> | <p>Socio-Economic Indices for Areas (SEIFA) is a product developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage based on Census Data information. The SEIFA scores for the LGA's in the S&amp;HLGA and the corresponding rank position relative to all other SA LGA's in relation to level of Disadvantage (where the higher ranking relates to lower disadvantage) are as follows:</p> <table border="1" data-bbox="499 646 1099 927"> <thead> <tr> <th>LGA</th> <th>SEIFA Score</th> <th>Disadvantage Ranking in SA*</th> </tr> </thead> <tbody> <tr> <td>Adelaide Hills</td> <td>1077</td> <td>69</td> </tr> <tr> <td>Mount Barker</td> <td>1021</td> <td>61</td> </tr> <tr> <td>Alexandrina</td> <td>969</td> <td>38</td> </tr> <tr> <td>Kangaroo Island</td> <td>963</td> <td>35</td> </tr> <tr> <td>Yankalilla</td> <td>957</td> <td>32</td> </tr> <tr> <td>Victor Harbor</td> <td>948</td> <td>28</td> </tr> </tbody> </table> <p>Note: 69 = low level of disadvantage and 28 = higher level of disadvantage (out of 71 LGA's). The SEIFA index is ranked relative to the median score for Australia – i.e. 1,000</p> <p>Using SEIFA, Victor Harbour shows as the most disadvantaged LGA in the region (ranked 28 in the State) followed closely by Yankalilla council area, and then Kangaroo Island and Alexandrina councils. The Adelaide Hills council shows as the least disadvantaged LGA (ranked 69 in the state out of 71 LGA's and followed only by Roxby Downs and Burnside LGA's).</p> | LGA                         | SEIFA Score | Disadvantage Ranking in SA* | Adelaide Hills | 1077 | 69 | Mount Barker | 1021 | 61 | Alexandrina | 969 | 38 | Kangaroo Island | 963 | 35 | Yankalilla | 957 | 32 | Victor Harbor | 948 | 28 | <p>This data reinforces that the southern areas of the region have a higher level of disadvantage than the Adelaide Hills and Mount Barker areas. This could reflect the greater proportion of older adults and welfare dependent families in these areas and highlights the potential need for additional health services and support (i.e. in Victor Harbor, Yankalilla, Kangaroo Island and Alexandrina council areas).</p> <p>It is important to note that despite the SEIFA data, all local councils in the region will have some low income residents who will require affordable and accessible facilities and services in order to participate in community activity, contribute to society and maintain their health.</p> |
| LGA                        | SEIFA Score  | Disadvantage Ranking in SA* |             |                             |                |      |    |              |      |    |             |     |    |                 |     |    |            |     |    |               |     |    |  |
| Adelaide Hills             | 1077   | 69                          |             |                             |                |      |    |              |      |    |             |     |    |                 |     |    |            |     |    |               |     |    |  |
| Mount Barker               | 1021   | 61                          |             |                             |                |      |    |              |      |    |             |     |    |                 |     |    |            |     |    |               |     |    |  |
| Alexandrina                | 969  | 38                          |             |                             |                |      |    |              |      |    |             |     |    |                 |     |    |            |     |    |               |     |    |  |
| Kangaroo Island            | 963  | 35                          |             |                             |                |      |    |              |      |    |             |     |    |                 |     |    |            |     |    |               |     |    |  |
| Yankalilla                 | 957  | 32                          |             |                             |                |      |    |              |      |    |             |     |    |                 |     |    |            |     |    |               |     |    |  |
| Victor Harbor              | 948  | 28                          |             |                             |                |      |    |              |      |    |             |     |    |                 |     |    |            |     |    |               |     |    |  |

## Indicators of Community Strength

The Local Councils in the S&HLGA were surveyed as part of a Department for Communities and Social Inclusion study that considered the *Indicators for Community Strength across South Australian Local Government Areas 2013*. Four of the Councils requested additional surveying and the main results are summarised below.

The data highlights that communities in the four Local Council areas appear to be well connected with their neighbours and have a strong sense of belonging to their community. The greatest gap appears to relate to the provision of facilities, services and recreation areas, particularly in the District of Mount Barker. This data reinforces the importance of planning for and providing community, sport, recreation and other health related facilities and services to increase the strength and wellbeing of communities across the S&HLGA.

### Indicators for Community Strength

| LGA                         | Sample Size | Like Living in their local community | Can get help from family, friends or neighbours | Feel safe in their neighbourhood or community | Rate how pleasant the environment is (good to excellent) | Rate their neighbours in terms of friendliness and willingness to help others (good to excellent) | Rate their local community in terms of facilities and services (good to excellent) | Rate their local community in terms of recreation areas (good to excellent) | Rate their local community in terms of community groups (good to excellent) |
|-----------------------------|-------------|--------------------------------------|---|---|--|---|--|---|---|
| State-wide (for comparison) | 10,292      | 97.5%                                | 92.8%   | 84.3%   | 89.7%  | 87.7%   | 85.8%  | 86.9%   | 85.8%   |
| Southern & Hills*           | 1,695       | 98.9%                                | 94.7%   | 93.1%   | 93.8%  | 93.2%   | 79.0%  | 85.1%   | 90.4%   |
| Adelaide Hills LGA          | 461         | 98.8%                                | 93.8%   | 94.8%   | 97.0%  | 93.4%   | 80.1%  | 85.6%   | 88.4%   |
| Alexandrina LGA             | 414         | 99.4%                                | 97.4%   | 91.2%   | 97.9%  | 95.6%   | 79.3%  | 89.5%   | 90.2%   |
| Mount Barker LGA            | 426         | 98.6%                                | 93.2%   | 93.8%   | 87.1%  | 91.7%   | 74.5%  | 81.0%   | 89.7%   |
| Victor Harbor LGA           | 357         | 98.7%                                | 94.0%   | 92.0%   | 92.6%  | 91.3%   | 82.7%  | 84.2%   | 93.6%   |

\*Note Southern & Hills includes all 6 LGA's in the S&HLGA region

Source: Department for Communities and Social Inclusion *Indicators for Community Strength across South Australian Local Government Areas 2013*

## *Early Life and Childhood Development*

The key findings relating to childhood development for the region are as follows:

- Whilst the rates for children living in low income, welfare dependent families and children under 15 years in jobless families are below the state and national rates for the region, the rate of children living in low income, welfare dependent families in the Victor Harbor and Yankalilla LGA's are above the state rate.
- Whilst the percentage for low birth weights and smoking during pregnancy for the region are below both the state and national rates, the rate is above the state rate for the Kangaroo Island and Victor Harbor LGA's.
- Regional rates for developmental vulnerability through the Australian Early Development Index for children are on par with the rates for the state. There are some areas of concern in the region, with the rates for some of the indices being higher than the state in the Alexandrina, Kangaroo Island, Mt Barker and Yankalilla Local Government Areas.

The data highlights that there are health risks across the region relating to children which suggests the need to provide health services, information and healthy lifestyle opportunities that meets the needs of families and children.

## *Personal Health and Wellbeing*

The key findings relating to personal health and wellbeing for the region based on the data are as follows:

- Health Condition rates for high cholesterol, circulatory system disease and hypertensive disease in the region are above the national rates but below the state rates.
- The health risk factors for smoking and excessive alcohol consumption are generally below or on par with the state. The exception is the Kangaroo Island LGA which has rates for both indicators above the state. The Alexandrina and Yankalilla LGA's have smoking rates above the state.
- Rates of obesity or persons who are overweight for the region are generally below or on a par with the rates for the state. The exception is the Victor Harbor LGA, which is above state rate.
- Mental Health Condition rates are similar to the national rate. The exception is the rate for males in the Yankalilla LGA which is above the state.
- The rate for Deaths from Road Traffic Injuries is above the state and national rates (this is particularly an issue for the Alexandrina, Mount Barker and Victor Harbor LGA's).
- Deaths from 'Suicide or Self Inflicted Injury' are above the regional rate and the state rate for the Kangaroo Island LGA and more recent data suggests that suicide could also be an issue for the Mount Barker and Victor Harbor Local Government Areas (based on data presented in a recent report by CAHML).
- Community Connectedness rates are above the state rate and the rate of persons who feel safe walking alone at night is above the national rate.

The data highlights the need to promote healthy lifestyles, address mental health and suicide rates and reduce the risk of death through road accidents. The positive response to social connectedness highlights the opportunity to support people through the community and maintain social cohesion.

Consultations with Council staff, NGO's and other health stakeholders highlighted that there are various other health and wellbeing issues in the region that are not being reflected by the data, potentially due to the data being skewed through a diverse population character. The main findings are as follows:

- Mental health is a key issue in the region, particularly in isolated areas such as the District Council of Yankalilla, parts of Alexandrina and Kangaroo Island.
- There are a large number of welfare dependent families in the region and many of these people are struggling economically and socially.
- Drug and alcohol abuse is a concern including binge drinking which is potentially connected to mental health, death by road accidents and suicide.
- There is a need to support young and older people in the community to be more socially connected, including through skills development aimed at increasing employment and volunteer opportunities.
- Illness and disability related to ageing is increasing in accordance with the ageing population (including increasing levels of dementia). This is creating social dependence and isolation issues as well as the need to provide support to the increasing number of carers in the region.
- Child development and support opportunities are needed in the region including to support children experiencing domestic violence and child abuse.
- Many people in the community are not physically active or aware of the health benefits of healthy eating, exercise and stress reduction.

## Participation in Physical Activity

Physical activity participation trends and information based on *Out and About: Regional participation in exercise, recreation and sport 2012 (SA Sports Federation and ORS)* provides the following key findings. The data is expanded on in Appendix B.

- Participation in physical activity in the Fleurieu and Kangaroo Island region is the same as for South Australia (78%) but less than the Adelaide Hills region (82%) and Southern Adelaide (84%). This could reflect the older population.
- Organised sports participation is higher than the State level (60%) for both the Fleurieu and Kangaroo Island region (63%) and the Adelaide Hills region (65%).
- Fitness centre participation is lower in both the Fleurieu and Kangaroo Island region (12%) and the Adelaide Hills region (14%) than the State average (16%). This could reflect the availability of facilities.
- Participation in physical activity by young people aged 16-24 years in the Fleurieu and Kangaroo Island region is considerably lower for males (71%) and higher for females (100%) than the State average (88% and 86%) whereas participation is considerably higher in the Adelaide Hills Region (95% for males and 90% for females).
- Participation in physical activity by older people aged 65 years and over is higher for males and females than the State averages (68% and 59%) in both the Fleurieu and Kangaroo Island region (75% and 73%) and the Adelaide Hills region (70% and 63%).
- Particularly popular activities (greater than the State average) include:
  - Fleurieu and Kangaroo Island region: Walking (41%), swimming (8%), fishing (7%), golf (7%), tennis (7%), lawn bowls (6%)
  - Adelaide Hills region: walking (42%), cycling (12%), swimming (8%), netball (7%)

The participation data highlights that a large proportion of people in the Fleurieu and Kangaroo Island region and the Adelaide Hills region appear to be physically active, which has positive impacts on personal health and wellbeing.

Potential issues include the lower rate of participation by young males in the Fleurieu and Kangaroo Island region (suggesting the need to support participation by young males) and the lower participation in fitness centre activities (suggesting that improved facilities could be justified).

Note that the Adelaide Hills Region includes the District Council of Mount Barker and the Adelaide Hills LGA's.

### *Other Health Factors*

Other health factors that could influence the State of Health of the region as identified through the consultations include:

- Larger proportions of commuters and temporary residents potentially impacting on people's involvement in communities. This is a risk for the Adelaide Hills, Mount Barker, Alexandrina, Victor Harbor, Alexandrina and Yankalilla LGA's.
- High mortgage and rental stress across the region which could be placing an economic burden on households and limiting the availability of funds for health and welfare related services, activities and lifestyle choices (including healthy eating).

### 3.2 Health of the Local Government Areas (LGA's)

The main findings relating to the State of Health of each Local Council are summarised below. The primary source of the analysis is from the Public Health Information Development Unit (PHIDU) data, which is detailed in Appendix C.

| LGA                    | Key Information and Findings   | Public Health Implications   |
|------------------------|--|--|
| Adelaide Hills Council | <ul style="list-style-type: none"> <li>▪ Slightly larger proportion of children and youth suggesting family focus.</li> <li>▪ The population is beginning to age (larger proportions of 40-64 years age group).</li> <li>▪ Most data relating to health is particularly positive compared to region and state data.</li> <li>▪ SEIFA data shows the LGA as one of the least disadvantaged within the state. However, the population character varies across the LGA and Council believes there is evidence of disadvantage in the north and in some smaller townships.</li> <li>▪ A recent Medicare Local (CAHML) analysis also suggests the following:               <ul style="list-style-type: none"> <li>- Lower immunisation rates</li> <li>- Higher proportion of overweight</li> <li>- Higher proportion of carers</li> <li>- The incidence of suicide could be a concern in some areas</li> </ul> </li> </ul>  | <ul style="list-style-type: none"> <li>▪ Potentially healthy community and need to maintain this.</li> <li>▪ Need for support to families (families with young and older children).</li> <li>▪ May need to be increased awareness of health risks to children.</li> <li>▪ Future potential health issues with 'soon to be ageing' community members.</li> <li>▪ Potential for greater emphasis on health issues including health promotion and prevention.</li> </ul>  |
| Alexandrina Council    | <ul style="list-style-type: none"> <li>▪ Larger proportion of older adults (60 years to mid 80's).</li> <li>▪ Larger numbers of concession card holders, people receiving unemployment benefits and dwellings receiving assistance from Centrelink in Coast SLA.</li> <li>▪ Higher rates of people receiving disability support pension in Coast SLA.</li> <li>▪ Higher proportion of people not in the labour force.</li> <li>▪ Higher rates of rental assistance, rental stress and mortgage stress.</li> <li>▪ Early Childhood Development vulnerability (Strathalbyn and Coast SLA's).</li> <li>▪ Mental health issues higher for males in Coast SLA.</li> <li>▪ Higher levels of obesity in Coast SLA.</li> <li>▪ Health awareness issues (high smoking levels in Coast SLA).</li> <li>▪ Higher level of deaths from cerebrovascular diseases.</li> <li>▪ Higher level of deaths from road traffic injuries.</li> <li>▪ Health risk is higher for a number of health factors in Coast SLA.</li> </ul> | <ul style="list-style-type: none"> <li>▪ The Council already addresses most aspects of public health and the emphasis could be on continuing and enhancing the services and achieving quality facilities (as the Council is planning to do).</li> <li>▪ Need to support the ageing and older population to continue to live healthy and independent lives.</li> <li>▪ Need for support to lower income families and families under stress, including children and youth.</li> <li>▪ Need to encourage healthier lifestyles particularly in the Coast SLA.</li> <li>▪ Potential for volunteers and community engagement strategies (although the Council is already strong in this respect).</li> </ul> |

| LGA                              | Key Information and Findings  | Public Health Implications  |
|----------------------------------|---|---|
| Kangaroo Island Council          | <ul style="list-style-type: none"> <li>▪ Ageing and older population (50-64 years).</li> <li>▪ Low proportion of youth and young people.</li> <li>▪ Good employment levels (agriculture, forestry, fishing).</li> <li>▪ Larger proportion of disability support pensioners.</li> <li>▪ Mortgage stress.</li> <li>▪ Early Childhood Development vulnerability (development risk or vulnerability with social competence, emotional maturity and language and cognitive skills)</li> <li>▪ Suicide rates high yet other mental health indicators are comparable to the region.</li> <li>▪ Lower 'normal weight range' in babies.</li> <li>▪ Health awareness issues (high level of smoking and alcohol consumption)</li> <li>▪ Health risk is higher across a range of indicators.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ There is potential need for a greater focus on the general health and wellbeing of the community.</li> <li>▪ Community vibrancy and growth is at risk due to young people moving off the Island.</li> <li>▪ Isolation of young people and other age groups (geographical and social) is a potential issue.</li> <li>▪ Need to support children and young people and consider opportunities for family connectedness.</li> <li>▪ Creating employment opportunities and coping skills will be important.</li> <li>▪ Potential to increase health promotion and awareness.</li> <li>▪ Potential need for suicide prevention and community capacity building to reduce suicide (using the State Suicide Prevention Strategy as a guide).</li> <li>▪ Partnerships will be required as the Council will not have the resources to respond to health issues due to its small rate base.</li> </ul>  |
| District Council of Mount Barker | <ul style="list-style-type: none"> <li>▪ Increasing population growth which will increase the demand for facilities and services.</li> <li>▪ The LGA age profile shows a strong family focus, but population forecasts anticipate an increase in older residents in future years.</li> <li>▪ The proportion of under 15 year olds is significant and there is also a large proportion of youth (younger cohort).</li> <li>▪ Middle aged adults (40-55 years) are a key group in the community.</li> <li>▪ Higher financial stress from mortgage or rent.</li> <li>▪ Early Childhood Development vulnerability (development risk or vulnerability with physical health, social competence and emotional maturity).</li> <li>▪ Higher rate of osteoarthritis (Central Mount Barker).</li> <li>▪ Generally positive rates of 'death through diseases' (considerably less than the state and region).</li> <li>▪ Higher rate of death from road traffic accidents.</li> <li>▪ Regional centre growth which should result in more services being based in the Mount Barker Regional Centre.</li> <li>▪ A recent Medicare Local (CAHML) analysis also suggests the following: <ul style="list-style-type: none"> <li>- Higher rates of Asthma and high rates of Chronic Obstructive Pulmonary Disease</li> <li>- Higher proportion of overweight</li> <li>- Relatively high proportion of carers and higher proportions of people with profound disabilities (both older and younger)</li> <li>- The incidence of suicide is a potential concern for the LGA</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>▪ The communities in the Mount Barker District are generally younger and as such have the potential to have fewer health issues. The greater focus could therefore be on promoting healthy lifestyles to reduce the risk of health issues in the future.</li> <li>▪ It will be important to support families in various ways including through child care, immunisation, sport and physical activity opportunities, community hubs (for social connection and activities), health information and other services.</li> <li>▪ There is potential for early adolescent behavioural issues and programs may be required to respond to the issues.</li> <li>▪ Active ageing opportunities and promotions will be important to encourage the middle aged adults to remain active and healthy as they age.</li> <li>▪ There could be potential to align with the education sector to achieve health related initiatives, e.g. 'Healthy schools', positive psychology and wellbeing in schools.</li> <li>▪ A greater focus on programs and services may be required to reduce the health risks in the future.</li> <li>▪ Opportunities for suicide prevention initiatives may need to be considered.</li> <li>▪ Public health partnerships and funding opportunities will be required (from other levels of government and through developments) to achieve the large number of facilities required to support an active, healthy and connected community.</li> </ul> |

| LGA                            | Key Information and Findings  | Public Health Implications  |
|--------------------------------|---|---|
| City of Victor Harbor          | <ul style="list-style-type: none"> <li>▪ Large proportions of older people in the LGA (60-90 years).</li> <li>▪ Larger proportion of people 'not in the labour force' and higher unemployment rate.</li> <li>▪ Larger proportion of people receiving government payments including female sole parent, unemployed and disability support pension.</li> <li>▪ Larger numbers of concession card holders, consistent with the older population.</li> <li>▪ A large proportion of people aged 15 years to 24 years receiving unemployment benefit.</li> <li>▪ Higher proportion of children in low income and welfare dependent families and in jobless families.</li> <li>▪ High levels of rental assistance, rental stress and mortgage stress.</li> <li>▪ Early Childhood Development vulnerability (development risk or vulnerability with social competence and language and cognitive skills).</li> <li>▪ Higher rate of osteoarthritis for females.</li> <li>▪ Health awareness issues (high smoking levels).</li> <li>▪ Mental health issues with males are slightly higher than state average.</li> <li>▪ Higher death rate associated with road traffic injuries.</li> <li>▪ Based on a recent Medicare Local (CAHML) analysis, suicide could be an issue for the LGA</li> </ul> | <ul style="list-style-type: none"> <li>▪ The older population could have health related issues and require support.</li> <li>▪ There could be a need to support lower income families and families under mortgage or rental stress.</li> <li>▪ There could be potential to increase support to children in lower income families.</li> <li>▪ There could be potential to support people who are not in the labour force with 'Earning and Learning' initiatives.</li> <li>▪ There is potential for health promotion given a large proportion of the community could be experiencing health issues.</li> <li>▪ A continued balance in supporting older and younger age groups including families with young children will be important.</li> <li>▪ Opportunities for suicide prevention initiatives may need to be considered.</li> </ul>  |
| District Council of Yankalilla | <ul style="list-style-type: none"> <li>▪ Larger proportion of ageing and older adults (50-69 yrs).</li> <li>▪ Smaller proportion youth and young adults.</li> <li>▪ Larger proportion of people 'not in the labour force' and higher unemployment rate for males.</li> <li>▪ Higher number of concession cardholders and people receiving a female sole parent, unemployment or disability support pension as well as rental assistance. This includes a larger number of young people (15-24 years) receiving unemployment benefits.</li> <li>▪ Higher number of children in low income and welfare dependent families.</li> <li>▪ Rental assistance, rental stress and mortgage stress is high.</li> <li>▪ Early Childhood Development vulnerability (development risk or vulnerability with physical health and wellbeing, language and cognitive skills, communication skills and general knowledge).</li> <li>▪ Mental health issues, particularly with males (mental and behavioural problems, mood problems).</li> <li>▪ Obesity concerns for females aged 18 years+ and a higher level of osteoarthritis for females.</li> <li>▪ Higher level of deaths from cerebrovascular diseases.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ The area could be attracting older adults as a place to retire or young people are moving out of the area to pursue employment and education opportunities</li> <li>▪ There are a number of health issues and potential risks in the Yankalilla LGA, particularly relating to older adults and lower socio-economic families. This suggests that programs, services and information will be required to support the community and reduce the rate of health issues. Older people, families, children and youth are all at risk of health issues.</li> <li>▪ There could be potential for a greater focus on health programs and services including health promotion.</li> <li>▪ The District Council of Yankalilla is unlikely to have the resources to address the health issues and partnerships and funding opportunities will be important.</li> </ul> |

### 3.3 Key 'State of Health' Messages for the Region

The key messages relating to the State of Health of the Region include:

- **The diversity of communities and LGA's and the need to adopt both a targeted and holistic approach to responding to public health.**
- **The need to support all socio-economic groups to be healthy including lower income and welfare dependant families and individuals.**
- **The need for facilities and services that encourage healthy lifestyles and prevent health issues for all age groups.**
- **The importance of childhood development, particularly in lower socio-economic areas.**
- **The need to support youth and address issues associated with young people (mental illness, binge drinking).**
- **The importance of supporting older adults and the need for active ageing initiatives across the region.**
- **The need to address social issues including mental health, suicide, drug and alcohol abuse and domestic violence within the region.**
- **The need to reduce the level of smoking and binge drinking and increase safe driving to reduce the health risks in the region.**
- **The need to reduce the risk of illness and disability including through adequate health services and health prevention and awareness.**
- **The need to address social isolation and consider the implications of geography including for people living on Kangaroo Island and in rural areas.**

The southern areas in the region including the Yankalilla, Victor Harbor, Alexandrina and Kangaroo Island council areas have greater social issues and health risks which increase the importance of providing health services and dealing with health related concerns. However, the Mount Barker and Adelaide Hills LGA's are at risk of diverse health issues in the future due to the family and 'beginning to age' character of these areas. Child development, youth (drugs, binge drinking, suicides) and age related health concerns are all potential issues, highlighting the importance of adopting a proactive approach to health including through health prevention and awareness initiatives.

Perhaps the most important 'key message' relating to the region's State of Health is that many of the health related issues such as mental health, suicide, disability and illness could be seen to be beyond the realm of Local Government. Having said this, there are many examples where Local Councils are addressing these types of issues often in partnership with other levels of government and non-government organisations. This highlights the importance of Local Councils partnering other levels of government, NGO's and other service providers and stakeholders to respond to the State of Health of the Southern and Hills region.

# 4



## 4 OTHER KEY FINDINGS

### 4.1 Local Government Achievements and Commitments

The audit of strategic and health related documents and facilities and services undertaken as part of the Regional Public Health Plan highlights that each Local Council in the Southern and Hills region has placed a strong emphasis on public health over a number of years. Whilst the focus varies according to the character of the population and the availability of resources, the commitment to public health is consistently strong across the region.

The audit highlights that the priority areas in the State Public Health Plan vision outlined below are being addressed by each of the Local Councils in the S&HLGA.

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

A particular focus has been placed on achieving quality sport, recreation and community facilities and open spaces that aim to support physical activity and social connection. This includes outdoor and indoor sport and recreation facilities, trail networks, community centres, libraries, and recreation parks and foreshores. In addition, a range of services that support older adults, children, youth and families have been established or supported by the Local Councils including HACC services, immunisation programs, volunteer programs, child development programs through libraries and community centres, fitness activities and health initiatives. Each Council has considered opportunities for supporting their communities and older adults, youth and children are a particular focus.

A number of the Local Councils have plans that include directions for health promotion, environmental management (e.g. noise, air and water quality), food safety and security, and climate change. A regional climate change vulnerability assessment is being undertaken that involves a number of the Councils in the region. The importance of maintaining a healthy environment as well as providing facilities, programs and services that support the health and well-being of the general public is clearly recognised in the Southern and Hills Region.

The specific focus and achievements in each Council area are summarised in the chart on the following pages. The link to the State Public Health Plan vision priority areas is highlighted through the chart.

*Achievements and Commitments by Local Councils in Relation to the State Public Health Plan*

| <b>Local Council</b>    | <b>Stronger &amp; Healthier Communities &amp; Neighbourhoods for All Generations</b>   | <b>Increasing Opportunities for Healthy Living, Healthy Eating &amp; Being Active</b>   | <b>Preparing for Climate Change</b>  | <b>Sustaining and Improving Public and Environmental Health Protection</b>   |
|-------------------------|--|---|--|--|
| Adelaide Hills Council  | <ul style="list-style-type: none"> <li>– Commitment to establishing multi-purpose hubs and improved facilities.</li> <li>– Particular focus on quality aged and home care (HACC).</li> </ul>   | <ul style="list-style-type: none"> <li>– Provision of programs and services including sport, recreation and community development focus.</li> <li>– Emphasis on community participation and volunteers.</li> </ul>  | <ul style="list-style-type: none"> <li>– Lead role in climate change response for the region.</li> </ul>   | <ul style="list-style-type: none"> <li>– Strong environmental protection and conservation focus.</li> <li>– Road safety and emergency response commitment.</li> <li>– Public and Environmental Health Strategic Plan with focus on health promotion, physical activity and the environment.</li> </ul> |
| Alexandrina Council     | <ul style="list-style-type: none"> <li>– Focus on providing quality and innovative open space and recreation, sport and community facilities and infrastructure.</li> <li>– Strong focus on events and community connection.</li> <li>– Local transport schemes to support access to facilities and services.</li> </ul> | <ul style="list-style-type: none"> <li>– Emphasis on activating public spaces, e.g. trails network.</li> <li>– Community participation and development focus, including youth leadership and volunteers.</li> <li>– Provides or facilitates a range of programs and services, particularly for youth and older adults.</li> <li>– Healthy eating and obesity focus (OPAL program).</li> <li>– Promotes local produce and undertakes food and diet initiatives.</li> </ul> | <ul style="list-style-type: none"> <li>– Climate change response focus.</li> </ul>   | <ul style="list-style-type: none"> <li>– Public and Environmental Health Management Plan that addresses environmental aspects of health including food safety, facility safety, waste management and noise pollution.</li> </ul>   |
| Kangaroo Island Council | <ul style="list-style-type: none"> <li>– Strong economic and tourism focus.</li> <li>– Focus on enhancing and providing recreation and sport facilities including trails.</li> <li>– Transport service for disadvantaged community members.</li> </ul>   | <ul style="list-style-type: none"> <li>– Development of Kingscote as a Hub (with higher level facilities).</li> <li>– Youth and aged services focus, including communication and social networking.</li> <li>– Partnerships with the community and other service providers to achieve facilities, programs and services.</li> </ul>   | <ul style="list-style-type: none"> <li>– Emphasis on protecting the natural environment.</li> <li>– Climate change focus including water sensitive urban design (WSUD), managing ecosystems and bush fire management.</li> </ul> | <ul style="list-style-type: none"> <li>– Focus on environmental health protection through information and management focus.</li> </ul>   |

*Achievements and Commitments by Local Councils in Relation to the State Health Plan (continued)*

| Local Council                    | Stronger & Healthier Communities & Neighbourhoods for All Generations   | Increasing Opportunities for Healthy Living, Healthy Eating & Being Active  | Preparing for Climate Change  | Sustaining and Improving Public and Environmental Health Protection   |
|----------------------------------|---|---|---|---|
| District Council of Mount Barker | <ul style="list-style-type: none"> <li>– Strong focus on responding to population growth through planning for facilities and open space (recreation, sport, community, youth).</li> <li>– Emphasis on achieving well located and good quality facilities and open space.</li> <li>– Provision of community transport and community programs.</li> </ul> | <ul style="list-style-type: none"> <li>– Walking and cycling (trail networks), and activity focus (sport, play, youth activities).</li> <li>– Creation of town centre hubs with activity and cultural focus to support connected and active communities.</li> <li>– Planning expresses the need for an active ageing focus.</li> <li>– Partnerships with community clubs, groups and community centre to increase seniors physical activity programs.</li> <li>– Some programming for youth.</li> </ul> | <ul style="list-style-type: none"> <li>– Emphasis on protecting and enhancing the natural environment.</li> <li>– Climate change focus including energy efficiency and water management. Developed Climate Change Adaptation Report.</li> </ul> | <ul style="list-style-type: none"> <li>– Emphasis on protecting the natural environment and managing access.</li> <li>– WSUD focus in planning and the development of open space and urban environments.</li> <li>– Water management and re-use and wetland creation approach.</li> </ul> |
| City of Victor Harbor            | <ul style="list-style-type: none"> <li>– Strong focus on enhancing facilities and open spaces, including aquatic, sports facilities and trails for physical activity and healthy ageing.</li> <li>– Youth focus regarding facilities and programs, including mental health initiatives.</li> </ul>  | <ul style="list-style-type: none"> <li>– Support to the older population, including focus on volunteers, community transport and disability.</li> <li>– Focus on recreation, sport, arts and cultural programs and events, including new residents and focus on children and youth.</li> </ul>  | <ul style="list-style-type: none"> <li>– Commitment to responding to climate change including water conservation.</li> </ul>  | <ul style="list-style-type: none"> <li>– Focus on water quality of the Lakes (to support activity) and protecting natural and coastal areas.</li> </ul>   |
| District Council of Yankalilla   | <ul style="list-style-type: none"> <li>– Identified needs of the community including for new infrastructure, education opportunities and youth leadership.</li> <li>– Sport and recreation facility provision is a priority, including the provision of trails and community facilities.</li> </ul>   | <ul style="list-style-type: none"> <li>– Emphasis on health services, including aged and disability services such as HACC services, transport and volunteerism.</li> <li>– Programs provided for youth.</li> </ul>  | <ul style="list-style-type: none"> <li>– Commitment to the efficient use of resources including water management and energy efficiency.</li> </ul>  | <ul style="list-style-type: none"> <li>– Focus on protecting the natural environment and managing access.</li> <li>– Stormwater management and WSUD focus through strategic planning and linked to open space and tourism developments.</li> </ul>  |

Overall, there is evidence that the Southern and Hills Region is committed to contributing to healthy communities and environments that support health through a range of facility, program and service initiatives.

For various reasons, including resource limitations, some Councils place a greater focus on different health determinants. For example:

- The commitment to programs and services appears to be lower in the District Council of Mount Barker than other LGAs, potentially due to the strong focus on providing infrastructure to respond to population growth in the District.
- The provision of programs, services and facilities in the Yankalilla LGA appears to be lower than other LGAs, potentially due to resource limitations.

A consistent issue across the region is the increasing demands being placed on Local Government to respond to public health and the limited resource and partnership opportunities available to contribute to healthy communities, particularly given the range of other responsibilities that Local Councils have.

As such, opportunities for public health partners and more effectively achieving public health initiatives are required and should be a key focus of the Public Health Plan, rather than a focus on expanding the responsibilities of Local Government.

The appropriate roles of Local Councils will be considered as part of the Health Plan Directions report including the potential roles of advocate, planner, facilitator, provider and other roles as outlined in the State Health Plan.

## 4.2 Issues and Gaps Based on Consultations and Audit

Key issues and gaps have been identified through the consultations and document audit. The main topics relate to:

- **Population Character**
- **Health Issues**
- **Health Service Provision**
- **Transport**
- **Community Groups**
- **Employment and Volunteers**
- **Health Promotion and Prevention**
- **The Environment**
- **Facilities and Infrastructure**
- **Collaboration and Public Health Partners**

A summary of the main issues and gaps is provided in the chart on the following pages, the detailed consultation notes are provided in Appendix D.

The summary of issues and gaps highlights the diversity of the region and indicates that a 'broad brush' approach to addressing public health in the S&HLGA region will not be appropriate. Each Local Council has different issues and gaps that could justify different responses and priorities.

A number of the key issues and gaps are beyond the scope of Local Councils to address such as mental health, suicide, alcohol abuse and domestic violence. This highlights the need for a holistic approach to addressing the issues, with Local Government potentially playing an advocacy role for improved responses and services for some community health issues.

A number of the issues and gaps are reinforced in the State of Health Analysis outlined later in this report.

## Issues and Gaps Identified Through Consultations and Audits

| Topic/ Focus                    | Key Issues and Gaps   |
|---------------------------------|---|
| <i>Population Character</i>     | <ul style="list-style-type: none"> <li>▪ The region has ‘pockets’ of welfare dependency where communities may require additional support to achieve healthy lifestyles. This issue particularly relates to the Yankalilla, Alexandrina and Victor Harbor LGA’s.</li> <li>▪ The impact of commuters and temporary residents on the social fabric of communities is a concern across the region. The Adelaide Hills and Mount Barker LGA’s have particularly large numbers of commuters and the Victor Harbor, Yankalilla and Alexandrina LGA’s have large numbers of temporary residents. Opportunities to better connect communities are required.</li> <li>▪ Young people leaving Kangaroo Island to pursue education and employment has the potential to impact on the vibrancy and economic growth of the LGA.</li> <li>▪ Families and children are a priority for the region and require a focus, particularly in relation to welfare dependant families and encouraging positive childhood development.</li> <li>▪ The large geographic size of a number of the Council areas and the spread of the population compared to the size of the rate base is a key issue that increases the demand for services and reduces the availability of resources to meet community needs.</li> </ul>   |
| <i>Health Issues</i>            | <ul style="list-style-type: none"> <li>▪ Whilst the region as a whole does not have major ‘stand out’ issues regarding disease and illness compared to State and National levels, the data could be skewed by affluent and younger populations located across the region. The diversity of the population and the health of different groups within the communities needs to be considered.</li> <li>▪ Mental illness is considered to be a hidden issue across the region where people may not be seeking assistance. The ramifications of mental illness is high and there is a view that suicide associated with mental health is an issue. Mental health is particularly a concern for young people and where there is welfare dependency. Mental health and the risk of suicide have been raised as an issue for the Mount Barker, Alexandrina, Yankalilla and Kangaroo Island LGA’s.</li> <li>▪ Drug and alcohol abuse is a concern across the region, particularly in smaller and isolated communities such as in the Yankalilla and Kangaroo Island LGA’s. Binge drinking amongst young people is also an issue.</li> <li>▪ It is believed that there is a connection between drugs and alcohol with mental illness, people living in ‘squalor’, domestic violence and child abuse, which are also considered to be key issues in parts of the region.</li> </ul> |
| <i>Health Service Provision</i> | <ul style="list-style-type: none"> <li>▪ There is high use of health services across the region and there is evidence that the demand for GP’s, medical centres and allied and specialist health services is greater than supply, particularly in the southern areas where the population is older. Wait times are considerable and there is a general view that additional medical services are required including through private sector involvement. However, attracting medical services to the area is difficult where the emphasis is on commercial gain which it understandably needs to be with private practice.</li> <li>▪ The need for a more coordinated approach to the provision of health services including to avoid duplication is a priority for health service providers within the region. The idea of ‘one stop shops’ and the establishment of health hubs have been suggested in response to this issue.</li> </ul>  |

| Topic/ Focus                           | Key Issues and Gaps   |
|--|---|
| <i>Transport</i>                       | <ul style="list-style-type: none"> <li>▪ A lack of public transport and affordable transport options is a key issue for every LGA in the region, but particularly in the southern and more isolated areas (although some services are provided). This relates to transport to day to day activities as well as transport to health services.</li> <li>▪ Distance to travel to health services is an issue for people in the southern and isolated areas, and particularly for older adults who need to travel to regional centres and Greater Adelaide for specialised services.</li> </ul>   |
| <i>Community Groups</i>                | <ul style="list-style-type: none"> <li>▪ Youth are considered to be a key group across the region with a number of health issues and there is need for additional initiatives relating to youth including service and facility provision.</li> <li>▪ A number of the Local Government Areas are experiencing an ageing population and there is a need across the region to focus on active ageing and to support older people. This is particularly an issue for the Victor Harbor, Alexandrina and Yankalilla LGA's with communities beginning to age in the Kangaroo Island and Adelaide Hills LGA's.</li> <li>▪ There is a need for increased support for people with a disability including the provision of respite and support to carers. There appears to be a large number of carers in the region, particularly in the southern areas. Dementia and other age related diseases appear to be increasing.</li> <li>▪ The need to support middle aged adults to be healthy has been consistently raised and reflects the character of populations. There is a view that many middle aged adults are dealing with stress, drug, alcohol and mental health issues.</li> </ul> |
| <i>Employment and Volunteers</i>       | <ul style="list-style-type: none"> <li>▪ Increasing employment opportunities is a priority including the provision of training and skills development, for which there appears to be a gap in provision.</li> <li>▪ Creating opportunities for volunteerism and supporting volunteers (including through training and skills development) is a priority in the region and particularly in the southern areas.</li> </ul>  |
| <i>Health Promotion and Prevention</i> | <ul style="list-style-type: none"> <li>▪ There is a need for health promotion and desire for a focus on preventative health (diet, exercise, awareness). The Local Councils and organisations in the region are very concerned that funding has been cut for this area of health (from the State and Federal Governments).</li> <li>▪ There is need for increased information relating to service availability, health awareness and health literacy.</li> </ul>  |

| Topic/ Focus                                    | Key Issues and Gaps   |
|---|---|
| <i>The Environment</i>                          | <ul style="list-style-type: none"> <li>▪ Concerns regarding climate change have been raised, including the need to be aware of and respond to the health impacts associated with increasing temperatures and climatic events.</li> <li>▪ The importance of nature and the need to connect people to natural areas for recreation and mental health has been consistently raised.</li> </ul>   |
| <i>Facilities and Infrastructure</i>            | <ul style="list-style-type: none"> <li>▪ Planning for and achieving new and enhanced facilities and infrastructure that support healthy and active communities (e.g. open space, sport and recreation facilities) is a priority for Local Councils with growing populations and resource availability. This includes improving the walkability and accessibility of urban environments.</li> <li>▪ The implication of technology including access to the National Broadband Network (NBN) has been raised by a number of Local Councils and community representatives.</li> </ul>   |
| <i>Collaboration and Public Health Partners</i> | <ul style="list-style-type: none"> <li>▪ There is interest amongst the Local Councils and health service providers to achieve increased collaboration and resource sharing by connecting potential public health partners. The idea of drawing together people resources to create health positions has been raised.</li> <li>▪ There is interest in considering the role of Non Government Organisations (NGO's) and how NGO's can play a greater role in responding to health issues and providing services. The need to consider who is best to deliver services and the potential for Local, State and Federal Governments to support NGO's has been raised. However, NGO's have indicated that they are struggling with a lack of resources and declining funding and they are seeking leadership and support from Local and State Governments to assist them to respond to the health needs of communities.</li> <li>▪ It is recognised that public health partners are required to address the gaps in provision and health issues.</li> </ul> |

### 4.3 Good Practice Research Findings

Good practice research has been undertaken through the S&HLGA Regional Health Plan study to gain an understanding of the types of initiatives that are undertaken by Local Government regarding public health. The main findings of the research are summarised below and further outlined in Appendix B.

1. Local Councils across Australia are undertaking initiatives that strengthen their role in environmental health including relating to:
  - Recycling and compost initiatives
  - Asbestos collection trials
  - Environmental education programs, including for children and households
  - Food safety education and incentives
  - Food waste management innovations
  - Smoke management programs in rural areas (to improve air quality)
  - Safe Sharps programs (disposal of used sharps)
  - Energy efficiency initiatives (e.g. solar panels paid through rates over time)
  - Water efficiency and re-use programs (responding to climate change)
  - Underground water monitoring
  - Sewerage reticulation initiatives
  - Environmental protection and the regeneration of natural areas
2. Local Councils are encouraging and supporting healthy communities including through:
  - Healthy eating programs and promotions
  - Healthy food initiatives including distribution and promotion
  - Health prevention promotions (tobacco and alcohol impacts, physical activity benefits, health awareness)
  - Physical activity programs for various age groups
3. All Local Councils provide sport and recreation facilities and some provide program opportunities through indoor and aquatic facilities. Most Local Councils have a focus on achieving healthy lifestyles through environmental design including through accessible footpaths and walking and cycle networks.
4. Many Local Councils provide social services such as Home and Community Care (HACC) and children's services, as well as innovative community programs through libraries and community centres that have a public health value (e.g. children's gym activities, social connection and activity opportunities for older people).
5. There are examples of partnerships being undertaken between Local and State Government to address broader health issues such as mental illness, alcohol and drug use, family violence, youth development and suicide, healthy eating and early childhood development. However, these are primarily in Victoria where there has been a strong focus on community health by the State Government and grant funding opportunities for some time.

The research has highlighted that innovative initiatives are undertaken by smaller and rural Local Councils as well as larger Local Councils. Whilst there is often grant funding involved or a financial benefit to undertaking the initiative such as reduced waste, many programs and initiatives instigated by Local Councils have a social or environmental benefit in addition to an economic benefit.

## 4.4 Other Considerations

Other items identified as requiring consideration through the consultations in the Health Plan study include:

- **Indigenous Health Issues**
- **Vulnerable Population Groups**

### *Indigenous Health Issues*

Indicators of the relative health status of Aboriginal people confirm that Aboriginal people are 3-4 times more likely to experience illnesses such as Type 2 diabetes, respiratory disorders, cardiovascular disease and circulatory disorders.

20% of Aboriginal people have been reported as having unmanaged high blood pressure (16% higher aged standardised compared with non-aboriginal people). Nationally, 54% of Indigenous people smoke and 66% are either overweight or obese.

The recently released report *National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care: First national results June 2012 to June 2013* identifies that Aboriginal people living in inner regional areas are demonstrating improvement across a range of critical health indicators compared with other geographic areas through various initiatives such as Type 2 diabetes care plans and team care arrangements.

The S&HLGA region has a relatively small Aboriginal and Torres Strait Islander population of 964 people (ABS Census 2011). As a proportion of the total population, Aboriginal and Torres Strait Islander people account for 0.8% compared with 1.91% for South Australia. The local government areas in the region that have a higher proportion of Aboriginal people are in the southern areas of Alexandrina (1.18%; 279), Victor Harbor (1.11%; 153) and Kangaroo Island (1.13%; 50). Mt Barker also has a relatively large number of Aboriginal and Torres Strait Islander people (241).

While it has not been possible to obtain detailed health indicator data relating to the S&HLGA indigenous population, the health risks that confront local Aboriginal and Torres Strait Islander people are likely to exist as they do for all indigenous people, regardless of where they live.

### *Vulnerable Population Groups*

The analysis of data relating to the S&HLGA has identified potentially vulnerable population groups within each LGA and regionally that have particular characteristics that could impact adversely on their health status. While the numbers of people in the potential vulnerable groups is relatively small, the level of health need is disproportionate compared with the majority of the population. Due to this disparity in prevalence, the needs of these minority groups can be easily overlooked.

Service responses developed to address the health and well-being needs of the broader community may not be sufficient or adequate in supporting the improvement in health outcomes desired for vulnerable groups.

Some examples where vulnerability could be an issue include:

- Low income families with children where there are concerns about childhood development.
- Areas with a predominantly older age demographic where the needs of youth could be an issue and these may not be addressed due to the focus on older adults.
- Incidences where by choice or circumstance individuals are relatively isolated from community activities, .e.g. where some people have chosen to escape from society.
- The frail aged living alone particularly in isolated locations away from services.
- Immigrant and seasonal workers such as on Kangaroo Island and the Adelaide Hills who could become socially isolated.

# 5



## 5 THE RISKS AND OPPORTUNITIES

### 5.1 Public Health Risks for the Region

Taking all information relating to the issues, gaps and 'State of the Health' of the Southern and Hills Region into account, a number of key health risks have been identified for the region as outlined on the following pages.

The key health risks have been categorised into those that have a DIRECT impact on public health and those that have an INDIRECT impact on public health as defined below.

#### Direct Impact on Public Health

The risk has the potential to directly affect the health of individuals and communities, i.e. there is a direct correlation between the risk and illness, chronic disease, mental health, social cohesion or personal wellbeing.

#### Indirect Impact on Public Health

The risk could indirectly impact on the health and wellbeing of the community by affecting quality of lifestyle or the potential for people to respond to health issues. For example, a poor provision of public transport makes it difficult for communities to pursue physical and social activities or access health services.

### *'Direct Impact' Risks*

Seven 'direct health impact' risks that are particularly relevant to the S&HLGA have been identified as follows:

1. Health issues associated with ageing could increase across the region, particularly in areas with larger proportions of older and ageing adults. The Victor Harbor, Alexandrina, Yankalilla, Adelaide Hills and Kangaroo Island Council areas all have older or ageing communities. This could increase the demand for health and carer support and highlights the importance of active ageing.
2. Drug and alcohol abuse could become an increasing issue in some areas of the region and have significant health impacts, including the risk of increasing mental health issues, domestic violence, homelessness, and death by traffic accident and suicide. Drug and alcohol abuse is a major issue nationally that has also been identified as a key issue in parts of the region and requires a holistic response involving various health stakeholders.
3. Although mental illness does not stand out as a major issue in the data for the region, there is evidence through the consultations with Councils and health providers that mental health is becoming a key issue that will require continued and increasing support. Mental illness appears to be wide spread regardless of age or level of affluence, although the connection between mental illness and drug and alcohol abuse appears to be strong. In addition, the incidence of suicide could be an issue for some localities across the region, including in the Kangaroo Island, Mount Barker and Victor Harbor Local Government Areas (based on past and more recent suicide data).
4. There is some evidence of childhood development vulnerability and health issues associated with young people. Where children and young people are socially, mentally or physically vulnerable there could be a 'lifelong impact' regarding their involvement in society, and this highlights the importance of social and skills development opportunities for children and young people.
5. Vulnerable communities including welfare dependant families, Aboriginal people, homeless people, people with mental illness and people with a disability are at risk of being less healthy compared to the general population due to financial, physical and social constraints. There is evidence that parts of the region have larger proportions of vulnerable communities that could require additional support regarding health and wellbeing.
6. There is a risk that people could become more sedentary and overweight due to the influence of technology, poor diet, school work expectations, people working longer hours and a lack of awareness of healthy lifestyle opportunities. This is a national issue that increases the risk of heart disease, cancer and other chronic diseases and requires a commitment to health promotion and the provision of opportunities for communities to be physically active.
7. The potential risk of infectious disease outbreaks is always a possibility, including influenza viruses and other diseases. This highlights the importance of continued immunisation programs and environmental health programs such as food safety and waste management. In addition, the risk highlights the need for medical and health services that can respond to disease outbreaks if required.

## *'Indirect Impact' Risks*

The main 'indirect health impact' risks that are particularly relevant to the S&HLGA are summarised below.

1. Based on the consultations with health stakeholders and Local Councils there appears to be an increasing gap in the provision of accessible health services compared to the demand for these services, particularly in areas with larger proportions of older adults (e.g. Alexandrina and Victor Harbor Council areas). Access to health services is also an issue for the District Council of Yankalilla area due to its smaller population and relative isolation. The risk is that some communities will have less opportunity to respond to health issues and seek advice if health services are not readily available.
2. There is a risk that communities with larger proportions of commuters and temporary residents could become socially disconnected due to people being less involved in community activities, including having less time to become volunteers and contribute to community initiatives. This is a particular issue for Adelaide Hills, Mount Barker, Alexandrina, Victor Harbor and Yankalilla LGA communities. Opportunities for better connecting these communities would ideally be considered.
3. A lack of connected public transport and distance to travel to services is an issue for communities across the region, particularly in areas that are more isolated and located further from the metropolitan area. More specialised health services, especially secondary and tertiary acute health services, are located in the metropolitan area and regular affordable transport from the region is a gap. People within the region are more at risk of not being able to directly access some health services as well as physical activity and social opportunities. This is a particular risk for older and younger members of communities as well as vulnerable members of the community who experience transport disadvantage.
4. Various health risks and issues associated with environmental health have been highlighted through the S&HLGA Regional Public Health Plan including properties with rubbish hoarding, pet management and health and safety issues as well as food safety and waste management issues associated with residential and commercial properties. This highlights the importance of environmental initiatives and health regulations and the risks associated with reducing resources if this were to occur.
5. Whilst this has not been raised as an issue through the data or the consultations in this study, there are various health risks associated with climate change including extreme heat impacts (e.g. dehydration, heatstroke), unstable climatic condition implications (e.g. increased influenza through inclement weather, storms causing electricity loss which could impact on people reliant on breathing apparatus, risks associated with flooding and bushfires) and various other potential impacts. Climate change is a priority in the State Public Health Plan and therefore needs to be addressed.
6. The provision of employment and skills development opportunities can ultimately affect the health of individuals through increased confidence and involvement in society, as well as income generating opportunities. A number of areas in the region have higher unemployment levels and higher welfare dependency and this highlights the importance of skills development initiatives within the region. Young and older people will benefit from the opportunity to develop skills to assist in gaining employment or to support volunteering.

### *'Indirect Impact' Risks (continued)*

7. Mortgage and rental stress is relatively high across the region including in the more affluent Council areas. This has the potential to impact on people's lifestyle including their available income for quality food and discretionary health items. The high mortgage and rental stress levels highlight the need for an increase in affordable and diverse housing, which may require development planning changes.
8. The District Council of Mount Barker is a growth area and other Councils in the region will also experience population increases over time. This will result in demand for additional sport, recreation and community facilities in order to support healthy and active communities. The cost of providing additional facilities will be high (particularly in the Mount Barker area) and Councils could struggle to meet the increasing demands for quality facilities. If quality facilities and infrastructure cannot be achieved this could have an indirect impact on the activities that people participate in and their general sense of wellbeing.
9. There has been a significant reduction in funding from state and commonwealth governments for a range of health programs and services, particularly those services focussing on health promotion, prevention and early intervention. Most notably, funding for the provision of primary health care services has been adversely impacted. This has required some providers to cease some programs or to curtail the extent to which they are provided.

## 5.2 Risks for the LGA's

The main risks associated with public health for each LGA in the region, based on the State of Health data and the consultations with councils and health stakeholders, are summarised below. A summary of the potential risks linked to the State of Health analysis is provided in Figure 5.

### *Adelaide Hills Council*

- There is a population character variation between the north and south with a greater number of people of lower socio-economic means living in the north. The needs of this cohort could be ignored due to the dominance and affluence of the southern population around Stirling and Crafers.
- There is a risk that the social fabric of the Council area could be lost due to large numbers of people commuting to the Adelaide Metropolitan area for employment, schooling, sport and leisure.
- People living in smaller townships are at risk of being isolated.
- There is limited potential to grow the population and this could impact on the vibrancy and economic growth of the LGA.
- Due to the small population base the Local Council has indicated that it has a lack of resources to meet the needs of the population (small rate base vs high expectations).

### *Alexandrina Council*

- The State of Health data could be skewed by higher income people living in the LGA and in many parts of the LGA there is disadvantage. Welfare dependant families exist and are at risk of having health issues.
- The LGA experiences a number of social and health related issues associated with its residents. The data indicates a concern regarding the level of reliance on welfare and financial stress experienced by residents, a concern regarding mental health issues and some concerns regarding drug and alcohol consumption.
- Obesity and higher levels of smoking in the Coast Statistical Local Area and higher levels of deaths from cerebrovascular diseases are a concern.
- People living in smaller townships are at risk of being more isolated from sources of social support and interaction as well as access to health services.
- Based on the consultations it appears that the demand for medical and health services could be greater than supply with a view that communities in the south may be under serviced in relation to general medical services (e.g. access to GP's, difficulty to obtain an appointment).
- Due to a past and potential growth in the population there are high facility and infrastructure requirements, including for health related facilities.

## *Kangaroo Island Council*

- The geographical isolation of Kangaroo Island and the small size of the population can create a sense of social isolation and limit education and employment opportunities.
- Kangaroo Island has an ageing population which could result in increased health issues in the future. The smaller proportion of young people could impact on the vibrancy of the council area.
- The community has highlighted that some people in the community do not 'fit in' while others are well connected. This could increase the risk of social isolation for some people.
- The higher level of mortgage stress and a larger proportion of disability support pensioners is a concern and highlights the importance of providing accessible and affordable health related activities and services.
- Suicide rates are higher than the State average and this is an item of concern for the LGA.
- Alcohol and drug abuse, including binge drinking could increase the risk of mental health issues, motor vehicle accidents and suicide.
- There is a concern that domestic violence could be a hidden issue which puts women and children and some men at risk.
- Due to the size of the LGA the Local Council has limited resources to take on other responsibilities and address the risks.

## *District Council of Mount Barker*

- With the population growing at a rapid rate, there is a risk that the provision of facilities and services will not be adequate to meet the needs of communities. Facilities are being planned for but will require funding support to be achieved.
- The larger proportions of children and families in the LGA highlight the need for a focus on community activity, child and youth development, and social connection within communities. Childhood development issues exist in the LGA and justify a focus.
- The character of the LGA and the requirements for facilities and health related services could vary across the new populations around the Mount Barker township, communities who lived in the area prior to the population growth, and the rural areas.
- Mortgage and financial stress are a key concern for the LGA and highlight the need for affordable access to health services and community activity opportunities.
- A large proportion of the population commutes towards the Adelaide metropolitan area for employment and schooling. This could impact on community involvement and volunteering as well as social cohesion and connectedness.
- People living in smaller townships could be at risk of being more isolated.
- The focus on health services and health prevention and awareness in the LGA has been limited in the past due to the main focus being on planning and facility development. A greater emphasis on health programs and services could be required in the future.
- As the population increases and ages, the demand for health services and information is likely to increase and existing services and infrastructure could struggle to meet the increasing demand.

## *Victor Harbor Council*

- The risk of people experiencing increasing health issues is high due to the relatively older population demographic of the LGA.
- Age related illnesses and declines in physical health (such as dementia, restrictions in movement, osteoporosis and circulatory disorders) are becoming a key issue in the LGA. The risk is that there could be a lack of coordinated services to cater for needs and support carers in the future.
- The higher unemployment level and the larger proportion of people relying on government benefits is a concern for the LGA. This includes a larger proportion of children living in low income and welfare dependant families. This situation highlights the importance of providing affordable health services and supporting families.
- Mortgage and rental stress is a key concern for the LGA and reinforces the need for affordable access to health related services.
- Other key health related issues for the LGA include:
  - Childhood development concerns
  - Health awareness with higher levels of smoking
  - Higher level of osteoarthritis for females
  - Mental health issues are slightly higher for males
  - The higher rate of death through road traffic injuries
- Based on the consultations it appears that the demand for medical and health services could be greater than supply with a view that communities in the south could be under serviced in relation to general medical services (e.g. access to GP's, difficulty to obtain an appointment).
- Limitations with transport out of Victor Harbor (to the metropolitan area) make it difficult for some people to access a broader range of health services. There are relatively high numbers of children in families that are in receipt of a government benefit and youth unemployment statistics would indicate a potential impact on these segments of the community in particular.

## *District Council of Yankalilla*

- The health risks in the LGA, based on the State of Health data, are high. Specifically, the LGA has a higher unemployment level for males and a greater number of concession holders and people receiving pensions and rental assistance. In addition, a larger proportion of children are living in low income and welfare dependant families. Rental stress and mortgage stress is also high in the LGA. This highlights the importance of providing affordable health services and supporting lower income families.
- People are likely to experience increasing health issues as the population ages (which is an issue given the LGA has a larger proportion of ageing and older adults).
- Other key health related issues for the LGA include:
  - Childhood development concerns
  - Mental health issues particularly with males
  - Obesity concerns for females (18 years+)
  - Higher levels of deaths from cerebrovascular diseases
- There is a concern by the Local Council and health providers that the issues for the LGA could be under estimated as the State of Health data may be skewed by a small proportion of higher income earners.
- Concerns regarding child abuse and domestic violence (potentially linked to drug and alcohol use) have been raised in the consultations. There is a concern that this issue is not being adequately dealt with and could ultimately impact on the social and economic character of the LGA and put individuals at risk.
- The LGA has a relatively large proportion of temporary residents and this could impact on community involvement in activities and volunteerism and social cohesion.
- There are transport issues in the LGA and this increases the risk of people not being able to access health services and other health related facilities.
- There is a lack of accessible medical and allied health services in the LGA and people could go without services as a result, particularly as transport is lacking.

*Southern and Hills Region 'Higher Risk' Characteristics in Local Government Areas based on State of Health Data*

| Council Area                     | Ageing | Rental or Mortgage Stress | Welfare Dependency and Lower Incomes (Concession Holders, Benefits) | Childhood Development Vulnerability | Mental Health Issues | Smoking and Alcohol | Overweight and Obesity | Suicide   | Death Rates (external and car accidents) |
|----------------------------------|--------|---------------------------|---|-------------------------------------|----------------------|---------------------|------------------------|-----------|--|
| Adelaide Hills Council           | ✓      |                           |   |                                     |                      |                     | ✓*                     |           |  |
| Alexandrina Council              | ✓      | ✓                         | ✓   | ✓                                   | ✓                    | ✓                   | ✓                      |           | ✓  |
| Kangaroo Island Council          | ✓      | ✓                         | ✓   | ✓                                   |                      | ✓                   |                        | ✓         | (no data)                                |
| District Council of Mount Barker |        | ✓                         |   | ✓                                   |                      |                     | ✓*                     | ✓*        | ✓  |
| Victor Harbor Council            | ✓      | ✓                         | ✓   | ✓                                   | ✓                    | ✓                   |                        | ✓*        | ✓  |
| District Council of Yankalilla   | ✓      | ✓                         | ✓   | ✓                                   | ✓                    |                     | ✓                      | (no data) | (no data)                                |

Primary Source: Public Health Information Development Unit, University of Adelaide (October 2014) *Social Health Atlas of South Australia*, accessed at; <http://www.adelaide.edu.au/phidu/maps-data/>

\* Based on Central and Adelaide Hills Medicare Local (CAHML) 2014 *Comprehensive needs assessment*, accessed at; <http://www.cahml.org.au/research.html>

For further details refer to Appendix C

### 5.3 Potential Public Health Opportunities

Identifying the main risks associated with public health in the S&HLGA enables a targeted approach to responding to the risks and enhancing public health in the region.

Opportunities that contribute to addressing the public health risks and enhancing the health and wellbeing of communities need to be considered, and potential opportunities are outlined on the following pages.

The opportunities will influence the strategies in the S&HLGA Regional Public Health Plan and as such it is important that they are affordable, manageable and realistic. Opportunities that already exist or are achievable for the local councils and other health stakeholders are therefore included in the chart *Potential Public Health Opportunities*.

A targeted approach to responding to the health risks will be required including seeking partnerships with other levels of government and other potential public health partners (particularly state government departments that have identified the same priorities in their policies and strategic plans).

The role of local government in responding to the health risks and the opportunities for funding, resources and health partners are considered in the Directions Report of the S&HLGA Regional Public Health Plan.

Potential opportunities for further investigation and development as part of the S&HLGA Regional Public Health Plan are outlined in the chart below.

### *Potential Public Health Opportunities*

| Topic/ Focus                                       | Potential Health Opportunities  |
|--|---|
| Region Character                                   | The unique and diverse character of the region with excellent outdoor spaces, beaches and coastal settings and natural environments provides opportunities for a healthy lifestyle for a large majority of the population.  |
| Quality Facility Provision                         | Local Councils play a key role in providing community, sport, recreation and cultural facilities and there is potential to strengthen and improve the quality of this provision through appropriate planning and resource allocation including through grant funding. With funding assistance local councils can continue to provide environments and facilities that support healthy communities. Growth areas such as the District Council of Mount Barker have a particular opportunity to establish quality facilities, open spaces and services that will provide destinations for communities and support health and wellbeing, as part of planning for future communities.   |
| Programs and Services aimed at Healthy Communities | A number of the local councils in the region directly provide programs and services or support other community groups to provide services. There is potential to strengthen the health focus and outcomes of these programs and services and to establish or facilitate additional programs and services through other health partners in the region. This includes the opportunity for volunteerism given the ageing character of the population.  |
| Health Awareness                                   | <p>There is potential for communities to become more aware of lifestyle risks and the ability to live healthier lives and improve well-being through diet, exercise and social interaction with others. This can be achieved through information and various programs and initiatives aimed at increasing people’s knowledge regarding healthy lifestyle and the potential impacts of poor health decisions. Some examples could include:</p> <ul style="list-style-type: none"> <li>– Health and diet awareness programs (including through food outlets and community groups).</li> <li>– Programs and initiatives aimed at increasing participation in physical activity (e.g. Zumba in the park, fitness programs linked to an aquatic centre).</li> <li>– Health awareness information promotions including through libraries, community centre, schools and other outlets.</li> </ul> |

## Potential Public Health Opportunities

| Topic/ Focus     | Potential Health Opportunities  |
|------------------|---|
| Active Ageing    | <p>A number of local councils in the region have an ageing population (particularly Victor Harbor, Alexandrina and Yankalilla council areas, but also Adelaide Hills and Kangaroo Island councils) and this highlights the potential to place a strong focus on active ageing, i.e. encouraging people to remain active, healthy and independent as they age. This will ultimately reduce the health cost to society. Some opportunities could include:</p> <ul style="list-style-type: none"> <li>– Providing facilities that support low impact exercise and activity opportunities that are accessible to all</li> <li>– Programs through libraries and community centres that support healthy ageing (including awareness)</li> <li>– Positive volunteering and leadership opportunities (with training opportunities and potential to be involved in coordinating facilities, activities and events)</li> <li>– Continued HACC and home services</li> <li>– Other health partners continuing to support older adults and promoting healthy lifestyles</li> </ul> |
| Healthy Families | <p>Families with children represent a large proportion of families in the region (particularly in growth areas such as Mount Barker) and this highlights the need to encourage children, youth and parents to pursue healthy lifestyles. This could be supported through various facilities, programs and promotions that focus on healthy families, including through schools and health partners that work with children, youth and families. Some opportunities could include:</p> <ul style="list-style-type: none"> <li>– Positive recreation programs and social network opportunities.</li> <li>– Children and youth led health initiatives (through schools, libraries, community centres).</li> <li>– Continued immunisation programs and promotions.</li> </ul>   |
| Social Health    | <p>There appears to be increasing issues and risks associated with drug and alcohol abuse, domestic violence, mental health and homelessness in the region and particularly in the Yankalilla and Alexandrina council areas. These issues are beyond the scope of local government yet they can have a significant impact on the overall health and wellbeing of a community. The opportunity for local government is to recognise the issues exist and play a lead role in advocating for support and services that will contribute to reducing these issues in the region. This includes seeking State and Federal Government commitment to programs and services offered by various health partners and increasing the focus of health partners in the region.</p>   |

## Potential Health Opportunities

| Topic/ Focus                         | Potential Health Opportunities  |
|--------------------------------------|---|
| Connected Communities                | <p>A relatively large proportion of residents are at risk of being disconnected from the region (commuters, temporary residents, new residents, people with 'ability' and access constraints) and opportunities for strengthening cohesiveness and social connection would ideally be considered. Some examples for achieving this could include:</p> <ul style="list-style-type: none"> <li>– The promotion of towns, facilities and activity opportunities (positive news / 'join in' stories)</li> <li>– Special events and activities aimed at connecting communities</li> <li>– Information packages targeting commuters, temporary residents and new residents</li> <li>– Programs and initiatives for people with a disability (including children and young people), as well as for the carers of people with a disability</li> <li>– Opportunities to connect older and younger community members and share information and knowledge</li> <li>– Skills development programs linked to local employment and volunteer opportunities</li> </ul> |
| Environmental Protection Innovations | <p>Each local council in the region places a strong focus on environmental protection in accordance with the Environment Protection Act 1993. Over time, new initiatives and region wide or 'sub region' approach could be considered to strengthen the achievements of local government. This includes the opportunity to consider good practice environmental protection examples undertaken by other local councils across Australia, particularly relating to:</p> <ul style="list-style-type: none"> <li>– Enhanced recycling, compost and waste management programs (including by encouraging community action)</li> <li>– Water and air quality initiatives</li> <li>– Food sustainability and healthy eating strategies</li> <li>– 'Online' promotions and services</li> </ul>  |
| Private Investments                  | <p>There is an opportunity for the private sector to contribute to achieving healthy communities, for example through the development of retirement villages that have a strong health focus or through businesses that promote healthy eating. This could be achieved by local councils supporting, recognising and promoting business and investors that contribute to providing healthy environments and supporting healthy communities.</p>   |
| Responding to Climate Change         | <p>There are various opportunities for local councils and communities to adapt to and mitigate climate change and these will be outlined in the region's Climate Change Strategy. The Climate Change Strategy will include directions that respond to health risks associated with climate change (e.g. heatstroke, breathing difficulties, impacts on people with a disability).</p>   |

*Potential Health Opportunities*

| Topic/ Focus                     | Potential Health Opportunities  |
|----------------------------------|---|
| Strategic Planning               | <p>It will be important for higher level strategic planning and policies to have a focus on public health and reflect the directions in the S&amp;HLGA Regional Public Health Plan. This includes considering opportunities to address broader risks and issues such as:</p> <ul style="list-style-type: none"> <li>- Enhance public transport across the region (through advocacy and planned infrastructure)</li> <li>- Contribute to achieving affordable housing</li> <li>- Responding to social health issues</li> </ul> |
| Achieving Enhanced Public Health | <p>To increase the level of support, encouragement and promotion of public health in the S&amp;HLGA region, there will need to be an allocation of additional funds and resources. However, this is not possible for most of the local councils or the health partners in the region. Opportunities for contributions from other levels of government and a more strategic and coordinated approach to pursuing funding opportunities including through health partner networks will therefore be required.</p>               |

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Department of Planning, Transport and Infrastructure, South Australian Government (2011) (<http://www.sa.gov.au/topics/housing-property-and-land/building-and-development/land-supply-and-planning-system/planning-data-for-research-and-mapping/population-and-demographics/population-projections>)

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World Health Organisation (2014) *World Health Organisation*, accessed at; <http://www.who.int/en/>

## STATE STRATEGIC PLANS

The South Australian Strategic Plan  
The South Australian Government's Seven Strategic Priorities  
The Planning Strategy for South Australia: 30 Year Plan for Greater Adelaide  
Eat Well be Active Strategy 2011-2016  
South Australian Alcohol and Other Drug Strategy 2011-2016  
South Australia's Mental Health and Wellbeing Policy 2010—2015  
SA Suicide Prevention Strategy 2012-2016  
Prospering in a Changing Climate: A climate Change Adaptation Framework for South Australia 2012

## LOCAL GOVERNMENT PLANS

### Regional (2 Councils or more):

#### **Adelaide Hills, Mount Barker, Alexandrina, Victor Harbor, Yankalilla & Kangaroo Island Councils:**

Regional Development Australia Adelaide Hills, Fleurieu & Kangaroo Island Strategic Plan 2012 – 2015

Regional Development Australia Adelaide Hills, Fleurieu & Kangaroo Island Regional Roadmap 2013 - 2016

#### **Adelaide Hills, Mount Barker and Alexandrina Councils:**

Regional Youth Strategy 2012 – 2017

Positive Ageing Strategy 2020

#### **Alexandrina, Victor Harbour and Yankalilla Councils:**

Southern Fleurieu Coastal Action Plan and Conservation Priorities Study

Housing Issues and Older People on the Fleurieu Peninsula 2009

Recreation Today and Tomorrow – Social and Recreational Needs of Older People in the Southern Fleurieu Peninsula 2006

Migration and Return Migration in the Older Population of the Southern Fleurieu Peninsula 2005

A Framework for Social Connectivity on the Southern Fleurieu Peninsula

Southern Fleurieu Peninsula Roadside Vegetation Management Plan 2011

**Onkaparinga, Alexandrina, Yankalilla and Victor Harbor Councils:**

The Fleurieu Peninsula Destination Action Plan 2012 -2015

**Alexandrina, Victor Harbor, Yankalilla and Kangaroo Island:**

Southern Fleurieu Positive Aging Taskforce - Community Consultation Project 2011

Southern Fleurieu & Kangaroo Island Housing Resource Document 2011

**Adelaide Hills Council:**

Adelaide Hills Strategic Plan 2014 – 2018

Adelaide Hills Business Plan 2013 - 2014

Adelaide Hills Council Biodiversity Strategy 2013

Adelaide Hills Business Continuity Plan 2011

Climate Change Adaptation Report 2009

Adelaide Hills Council Climate Change Strategy 2007

Adelaide Hills Council Sport and Recreation Strategy 2009 – 2019

Public and Environmental Health Strategic Plan 2011

Open Space Strategy 2002

**District Council Mount Barker:**

DCMB Strategic Plan 2012- 2017

DC Mount Barker Business Plan 2013 - 2014

DCMB Town Centre Strategy – Master Plan 2012

Mount Barker, Littlehampton and Nairne Trails Plan 2011

DCMB Transport Master Plan 2009

DCMB Bicycle Master Plan 2003-2023

DRAFT Mount Barker, Littlehampton and Nairne Structure Plan

Nairne Township Master Plan 2013

Mount Barker Environmental Action Plan 2003 – 2006

DCMB Climate Change Adaptation Report 2010

Integrated Water Management Plan for Mount Barker, Littlehampton, Nairne and Callington 2012

Integrated Water Management Plan for the Rural Community of Hahndorf 2012

Hills Positive Ageing Strategy 2020 – DCMB Action Plan

DRAFT Open Space, Recreation and Public Realm Strategy 2013

**Alexandrina Council:**

Alexandrina Council Community Strategic Plan 2014 – 2023

Alexandrina Business Plan 2013 - 2014

DRAFT Environmental Action Plan 2014 - 2018

Alexandrina Council Public and Environmental Health Management Plan 2006-2009

Alexandrina Council Public and Environmental Emergency Management Plan

STARCLUB Field Officer Program Strategic Plan 2012 - 2015

Obesity Prevention and Lifestyle (OPAL) Project Management Sheets 13<sup>th</sup> February 2014

Goolwa Town Plan GO - 2030

Strathalbyn Town Plan 2020

Goolwa Recreation and Open Space Strategy

**District Council Yankalilla:**

DC Yankalilla Strategic Plan 2012 – 2016

DRAFT Strategic Directions Issues Paper 2012 – 2016

DC Yankalilla Business Plan 2013 - 2014

DRAFT Yankalilla, Normanville and Carrickalinga Structure Plan

DC Yankalilla Animal Management Plan 2013

Yankalilla Strategic Tourism Plan

DC Yankalilla Social Plan 2009 – 2014

**Victor Harbor Council:**

Victor Harbor Urban Growth Management Strategy 2013 - 2030  
Victor Harbor Community Plan 2022  
Victor Harbor Business Plan 2013 - 2014  
Environmental management plan 2010 - 2014  
Encounter Lakes Management Plan 2013  
Victor Harbor Boating Strategy 2004  
Footpath and Pedestrian Strategy 2011  
Recreation and Open Space Study vol 2 – Strategic directions 2007  
Victor Harbour Traffic Management Strategy 2005  
Victor Harbor Foreshore Coastal Park – Open Space Plan 2004  
DRAFT Tree Management Plan – Soldiers Memorial Gardens Victor Harbor 2013  
Youth Strategy 2007-2010 (Alexandrina doesn't follow this anymore)  
Victor Harbor – Railway Precinct Master Plan 2008  
Victor Harbor Town Centre Master Plan 2006

**Kangaroo Island Council:**

Kangaroo Island Plan – A Volume of the South Australian Planning Strategy 2011 – 2041  
Kangaroo Island Strategic Management Plan 2010 – 2014  
Kangaroo Island Business Plan 2013 - 2014  
American River Urban Design Framework 2005  
Kingscote Urban Design Framework 2005  
Parndana Urban Design Framework 2005  
Penneshaw Urban Design Framework 2005  
Kangaroo Island Structure Plan 2014  
Kangaroo Island Children Services – Quality Improvement Plan 2013  
Youth Strategy for Kangaroo Island 2010 – 2013

## GLOSSARY

|        |  |
|--------|--|
| AMLR   | Adelaide and Mount Lofty Ranges                        |
| ASART  | Alexandrina Sustainable Agricultural Round Table       |
| ATSI   | Aboriginal and Torres Strait Islander                  |
| CAMHS  | Child Adolescent Mental Health Services                |
| CFS    | Country Fire Service                                   |
| COPD   | Chronic Obstructive Pulmonary Disease                  |
| CVH    | Council Victor Harbor                                  |
| DECD   | Department for Education and Child Development         |
| DEWNR  | Department of Environment, Water and Natural Resources |
| DPTI   | Department of Planning, Transport and Infrastructure   |
| EPA    | Environmental Protection Agency                        |
| FRWA   | Fleurieu Regional Waste Authority                      |
| GP     | General Practitioner (Doctor)                          |
| HACC   | Home and Community Care                                |
| HSFKI  | Hills, Southern Fleurieu and Kangaroo Island           |
| LG     | Local Government                                       |
| LGA    | Local Government Area                                  |
| NBN    | National Broadband Network                             |
| NGO    | Non Government Organisation                            |
| NRM    | Natural Resource Management                            |
| OPAL   | Obesity Prevention and Lifestyle                       |
| ORS    | Office for Recreation and Sport                        |
| RDA    | Regional Development Australia                         |
| S&HLGA | Southern and Hills Local Government Association        |
| SAFKI  | Southern Adelaide, Fleurieu and Kangaroo Island        |
| SAPOL  | South Australian Police                                |
| SEIFA  | Socio-Economic Indexes for Areas                       |
| SES    | State Emergency Service                                |
| SLA    | Statistical Local Area                                 |
| YAC    | Youth Advisory Committee                               |

## **APPENDIX A**

### **STATE AND LOCAL GOVERNMENT DOCUMENT AUDIT**

**Audit facilitated by the District Council of Mount Barker on behalf of all Councils**

| Document   | Key Information   | Issues and Risks   | Opportunities and Strategies   |
|--|---|--|--|
| The South Australian Strategic Plan  | <ul style="list-style-type: none"> <li>▪ Importance of Indigenous peoples' sense of place and belonging, and attachment to country.</li> <li>▪ SA leads the nation in renewable energy production.</li> <li>▪ Key themes from the engagement process were community and individual safety, access to an affordable home, and securing water supplies.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Achievability of some targets were considered uncertain or unlikely by the 2011 Audit Committee, including: <ul style="list-style-type: none"> <li>- Increase the proportion of children developing well.</li> <li>- Reduce road fatalities and serious injuries by at least 30% by 2020.</li> <li>- Aboriginal cultural studies included in school curriculum by 2016.</li> <li>- Increase by 10% the number of people with a disability employed by 2020.</li> <li>- Ensure that the provision of key economic and social infrastructure accommodates population growth.</li> <li>- Water resources are managed within sustainable limits by 2018.</li> </ul> </li> </ul>   | <ul style="list-style-type: none"> <li>▪ Vision based on the following: <ul style="list-style-type: none"> <li>- The Plan creates a future shaped by choice, not chance. Keeping communities strong and vibrant, protecting the environment and pursuing shared economic prosperity will provide a better future. By investing in health, education and innovative ideas the wellbeing of all South Australians can be secured.</li> </ul> </li> <li>▪ Notable achievements of the Plan include: <ul style="list-style-type: none"> <li>- A strengthening economy and a safer state.</li> <li>- Victim-reported crime rates have continued to decline.</li> </ul> </li> <li>▪ Desire to establish a Wellbeing Index to track South Australia's overall progress on attaining wellbeing.</li> <li>▪ Success relies not just on government, but everyone must contribute to the future.</li> </ul>   |
| The South Australian Government's Seven Strategic Priorities (and Associated Action Plans) | <ul style="list-style-type: none"> <li>▪ The Seven Strategic Priorities are: <ol style="list-style-type: none"> <li>1. Creating a vibrant city</li> <li>2. An affordable place to live</li> <li>3. Every chance for every child</li> <li>4. Growing advanced manufacturing</li> <li>5. Safe communities, healthy neighbourhoods</li> <li>6. Realising the benefits of the mining boom for all</li> <li>7. Premium food and wine from our clean environment</li> </ol> </li> </ul> | <ul style="list-style-type: none"> <li>▪ Adelaide has a reputation for being conservative and staid.</li> <li>▪ Many young people are still leaving the state.</li> <li>▪ Quality of life for South Australians is influenced by rising costs of housing, transport and utilities.</li> <li>▪ The greatest determinant of a child's future health, development and happiness is the experience in the first five years of life.</li> <li>▪ Challenges to SA's manufacturing industry – must compete on value, not cost.</li> <li>▪ Fear of crime remains high despite crime rates falling significantly over the last decade.</li> <li>▪ Many neighbourhoods are designed for cars and do not promote people coming together in public spaces, or physical activity, and so contribute to lifestyle diseases like obesity.</li> <li>▪ Mining profits may be repatriated elsewhere.</li> <li>▪ Expansion of mining must be balanced with the need to protect the natural environment.</li> <li>▪ SA food production needs to remain competitive.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Visions for the future: <ul style="list-style-type: none"> <li>- Adelaide is renowned for its festivals, cultural life and sporting events.</li> <li>- Adelaide is accessible, healthy and affordable.</li> <li>- The parklands are cherished for the great amenity they provide in supporting recreational, cultural and social activities.</li> <li>- Planning of neighbourhoods and design of homes can help general wellbeing.</li> <li>- SA is recognised as a family and child-friendly state.</li> <li>- Parents to receive a range of services and practical information commencing before a child is born.</li> <li>- Schools as community hubs for services aimed at supporting families and children from birth.</li> <li>- Manufacturing underpins a high living standard across the community.</li> </ul> </li> <li>▪ Visibly safer neighbourhoods that encourage more people to spend time outdoors in local playgrounds or parks or socialising with friends or neighbours.</li> <li>▪ Grow the recognition of premium food and wine, the high standards of producers, and the regions in which it is produced.</li> </ul> |

| Document  | Key Information   | Issues and Risks  | Opportunities and Strategies   |
|---|---|---|--|
| The Planning Strategy for South Australia: 30 Year Plan for Greater Adelaide and related Regional Plans | <ul style="list-style-type: none"> <li>▪ The main aim of the Plan is to outline how the State Government proposes to balance population and economic growth with the need to preserve the environment and protect the heritage, history and character of Greater Adelaide.</li> <li>▪ The first change is to create a more compact and better designed urban form.</li> <li>▪ The second change is to create a new set of governance arrangements to ensure proposed policies and targets can adapt to the inevitable changes.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Greater Adelaide is projected to grow by up to 560,000 people during the next 30 years, which needs to be carefully managed for adequate housing, jobs, and vital infrastructure and services.</li> <li>▪ The population will be transformed (a greater proportion aged over 65 years, and in lone person households and couples without children).</li> <li>▪ Quality services to meet the needs of a changing and ageing population.</li> <li>▪ Housing affordability.</li> <li>▪ Growing and changing economy (e.g. decline in manufacturing, growth in mining).</li> <li>▪ There is a need to reduce car reliance, create more efficient urban form, and more connected communities.</li> <li>▪ Challenges in protecting and enhancing key environmental assets (e.g. threat from over-consumption, encroachment of residential and industrial activity).</li> <li>▪ Risks and potential impacts of climate change (e.g. increased average temperatures, more extreme weather events such as bushfires and heat waves).</li> <li>▪ Heavy reliance on rainfall-dependent water sources (e.g. the Murray River).</li> <li>▪ The city growing beyond sustainable limits (resources and space).</li> </ul> | <ul style="list-style-type: none"> <li>▪ Greater Adelaide is one of the most liveable places in the world.</li> <li>▪ Build on the rich cultural diversity and world-class creative arts.</li> <li>▪ Neighbourhoods and villages have a unique history, heritage and character.</li> <li>▪ The natural environment that surrounds Greater Adelaide is a magnet for tourists, rich in biodiversity, an important source of economic activity, and one of the key building blocks for a more climate resilient and sustainable region.</li> <li>▪ The urban form offers the opportunity to reduce the rate of consumption of potable water.</li> <li>▪ Three interlocking objectives: <ul style="list-style-type: none"> <li>- Maintain and improve liveability</li> <li>- Increase competitiveness</li> <li>- Drive sustainability and resilience to climate change.</li> </ul> </li> </ul> |
| Prospering in a Changing Climate: A climate Change Adaptation Framework for South Australia 2012        | <ul style="list-style-type: none"> <li>▪ Climate change projections for SA indicate warmer and drier conditions across much of the state with an increased risk of severe weather events, including storms, flooding, heatwaves, drought and bushfires. These changes will affect our health, wellbeing and key industries that underpin the state's economy.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Extreme weather events will have variable impacts on all South Australians and on the natural environment across the state.</li> <li>▪ Climate change will have direct and indirect impacts on health and wellbeing, particularly vulnerable members of the community such as the elderly, those in remote settlements, the sick, and people on low incomes. Health and community services will be affected across the state.</li> <li>▪ Some key industries e.g. wine, grain and seafood are likely to be affected by changing weather patterns.</li> <li>▪ The natural resources management sector will be challenged, risks to biosecurity will increase and already fragile natural systems will be under increasing pressure.</li> <li>▪ Water supplies will be severely threatened as rainfall decreases and temperatures rise. Maintaining sustainable water supplies will be one of SA's biggest challenges.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Adopting a regional approach.</li> <li>▪ Shared responsibility.</li> <li>▪ Early action (to capture the most benefit from the changes and avoid or minimise long-term negative impacts).</li> <li>▪ Strengthening the adaptive capacity of the SA community.</li> <li>▪ Better integration of risk management approaches and flexible decision-making.</li> <li>▪ Building the climate resilience of natural systems that underpin SA's economic and social aspirations.</li> <li>▪ Giving priority to sectors likely to provide the greatest social, economic and environmental benefit for the state.</li> </ul>  |

| Document                      | Key Information  | Issues and Risks  | Opportunities and Strategies   |
|-------------------------------|--|---|--|
| Green Infrastructure Strategy | <ul style="list-style-type: none"> <li>▪ Green Infrastructure is the network of green spaces and water systems that deliver multiple environmental, social and economic values and services to urban communities.</li> <li>▪ Botanic Gardens of Adelaide (DEWNR), Renewal SA, DPTI, AMLR NRM Board.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Lack of political interest: green infrastructure must be considered fundamental to urban planning for new developments and redevelopments.</li> <li>▪ Design, development and maintenance require ongoing collaboration between government, industry and communities.</li> <li>▪ Green infrastructure requires commitment to building motivation, knowledge, skills and access to resources.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Green Infrastructure to secure the health, liveability and sustainability of urban environments.</li> <li>▪ Strengthening the resilience of towns and cities to respond to the major current and future challenges of climate change, growth, health and biodiversity loss, as well as water, energy and food security.</li> <li>▪ Economic benefits of street trees (Green Bay Metro Area case study valuing at \$6.14 million per year total benefits).</li> <li>▪ Green infrastructure for climate modification (e.g. urban heat island effect).</li> <li>▪ Food production (e.g. community gardens).</li> <li>▪ Water management (e.g. role of trees in the natural water cycle).</li> </ul>  |
| The People and Parks Strategy | <ul style="list-style-type: none"> <li>▪ Vision: <ul style="list-style-type: none"> <li>- By 2020 SA's parks will be celebrated for the benefits they provide to communities and the contribution people make to conservation.</li> </ul> </li> <li>▪ Goals: <ul style="list-style-type: none"> <li>- Enriching our lives.</li> <li>- Enhancing parks.</li> <li>- Shared stewardship for parks.</li> <li>- Growing community benefits and prosperity.</li> </ul> </li> <li>▪ SA has over 300 land-based national parks and reserves and 19 marine parks.</li> <li>▪ Parks are a vital community asset, critical for the long-term protection of natural and cultural heritage and central to SA's growing tourism industry.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Recent trends bringing challenges: <ul style="list-style-type: none"> <li>- Increasing pressure on ecosystems and biodiversity</li> <li>- Changing expectations of visitors.</li> <li>- Maturing of tourism industry</li> <li>- Growth and consolidation of parks network.</li> </ul> </li> <li>▪ The need to ensure that parks continue to conserve special places and natural values, while also enabling people to enjoy the benefits they bring.</li> <li>▪ Not every park can support a full spectrum of recreation activities.</li> <li>▪ Everyone should have a reasonable opportunity to enjoy access to parks and learn about their natural and cultural features.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Encouraging people who use parks for recreation and tourism to contribute to the long-term protection of parks.</li> <li>▪ Recognising the importance to Aboriginal communities.</li> <li>▪ Use of non-Indigenous heritage sites (e.g. lighthouses, ruins, shipwrecks, mines, homesteads) to help tell SA's story.</li> <li>▪ Use of coastal parks for fishing, walking, swimming, surfing.</li> <li>▪ Promoting parks for their community service role.</li> <li>▪ Targets: <ol style="list-style-type: none"> <li>1. By 2020, 50% of South Australians will visit parks annually.</li> <li>2. By 2020 more recreation and tourism partners will take action to enhance parks each year.</li> <li>3. By 2020 more South Australians will support and actively help care for parks.</li> <li>4. By 2020 parks will make an even greater contribution to the wellbeing of the community and the SA economy.</li> </ol> </li> <li>▪ Strategies: <ol style="list-style-type: none"> <li>1. Create exciting places to visit.</li> <li>2. Promote visitor use, enjoyment, understanding and awareness of parks and their value.</li> <li>3. Make sure that recreation and tourism is sustainable.</li> <li>4. Involve people in setting the future directions for recreation and tourism in parks.</li> <li>5. Make it easier for partners to provide recreation and tourism experiences for visitors.</li> <li>6. Develop an understanding of the social, health and economic benefits of parks.</li> </ol> </li> </ul> |

| Document   | Key Information   | Issues and Risks  | Opportunities and Strategies   |
|--|---|---|--|
| Eat Well Be Active Strategy 2011-2016              | <ul style="list-style-type: none"> <li>▪ Nutritious food, regular physical activity and maintenance of a healthy weight are vital for healthy growth and development in childhood and good health throughout life.</li> <li>▪ A community where more people are more active more often, and where everyone is supported to eat a healthy diet and enjoy good food with friends and family, has multiple benefits beyond those for individuals.</li> <li>▪ A flourishing community needs an active, healthy population.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Nearly 60% of South Australian adults are overweight or obese.</li> <li>▪ Obesity threatens health, productivity, community wellbeing and life expectancy.</li> <li>▪ Those who are more disadvantaged will suffer the most with chronic disease and decreased opportunities to participate in family, school, work and community life.</li> <li>▪ Individuals have a responsibility to maintain a healthy lifestyle, but government and the wider society should ensure the physical environment, the social and cultural norms, and the places where people live, work and play all help people to be active and eat a healthy diet.</li> <li>▪ All sectors of government must lead by example; the scale of the challenge requires widespread, coordinated and sustained action by more individuals and organisations.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Mobilise the community to take action to promote healthy eating and physical activity, and publicly recognise their achievements.</li> <li>▪ Ensure that the places where we live, learn, work, eat, play and shop, make it easy for children and adults to be active and eat a healthy diet, including breastfeeding.</li> <li>▪ Implement policies to improve the built, social and natural environments that support South Australians to eat well and be active.</li> <li>▪ Provide a range of information, programs and services to assist people throughout life to be more active, eat a healthy diet and maintain a healthy weight, with particular attention to those most in need.</li> <li>▪ Ensure that we have a range of enablers in place, including strong partnerships, coordination mechanisms, leadership, communication, workforce planning and development, monitoring and evaluation of activities, and research and governance.</li> </ul> |
| South Australia Tobacco Control Strategy 2011-2016 | <ul style="list-style-type: none"> <li>▪ Goal: to improve the health and wellbeing of South Australians by reducing the impact of tobacco smoking.</li> <li>▪ Achieving a reduction in smoking prevalence requires a comprehensive approach to increase the number of people quitting smoking and reduce the number of people taking up smoking.</li> <li>▪ Passive smoking is also a potential hazard.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ If cigarette smokers commence smoking as teenagers and do not quit, eventually about half of them will be killed by tobacco. The earlier young people begin using tobacco, the more heavily they are likely to smoke as adults and the longer potential time they have to be users.</li> <li>▪ Tobacco smoking is the leading cause of ill health among Aboriginal people and accounts for 20% of all deaths. The smoking rate for Aboriginal people is more than double the rate for the non-Aboriginal population.</li> <li>▪ Prisoners have one of the highest rates of tobacco smoking in the community with around 85% current smokers.</li> <li>▪ Smoking is more prevalent among people experiencing a mental illness and those experiencing social disadvantage (e.g. low income, high unemployment, poor housing).</li> </ul> | <ul style="list-style-type: none"> <li>▪ Primary Target: Reduce the percentage of young cigarette smokers (15-29 years) to 16% by 2016.</li> <li>▪ Secondary Targets: <ol style="list-style-type: none"> <li>1. Reduce smoking from 20.7% in 2010 to 15% by 2016 (those aged 15 years+).</li> <li>2. Reduce smoking prevalence in the Aboriginal population by 30% by 2016.</li> <li>3. Strengthen efforts to reduce smoking prevalence among people with mental illness and people who are socio-economically disadvantaged.</li> <li>4. Reduce the proportion of the population exposed to passive smoking in confined public spaces by 20% by 2016.</li> <li>5. Actively enforce the Tobacco Products Regulation Act 1997 to ensure maximum levels of compliance as an active deterrent for breaches, especially in regard to access to tobacco products by children.</li> </ol> </li> </ul>  |

| Document  | Key Information  | Issues and Risks  | Opportunities and Strategies  |
|---|--|---|---|
| <p>South Australian Alcohol and Other Drug Strategy 2011-2016</p> | <ul style="list-style-type: none"> <li>▪ Goal: to improve the health and wellbeing of South Australians by reducing the impact of substance misuse.</li> <li>▪ Vision: South Australia has the lowest rate of alcohol and other drug harm in Australia.</li> <li>▪ Priority populations: <ul style="list-style-type: none"> <li>- Aboriginal people</li> <li>- Young people aged 18-29 years and school-aged children</li> <li>- People with alcohol and other drug misuse issues and their dependent children.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>▪ Addressing the disproportional harm from substance misuse within vulnerable population groups, particularly the Aboriginal community.</li> <li>▪ Significant challenges being posed by harms associated with the consumption of alcohol, including its substantial impact on individuals, families, communities and community services. Over the last 50 years, initiation into drinking alcohol has occurred at an increasingly younger age and this has increased the likelihood of people experiencing short-term and long-term harms from problematic alcohol consumption.</li> <li>▪ The challenges being posed by the harms associated with the misuse of prescription and over-the-counter drugs and the supply of non-prescribed medications through theft, diversion, illicit sales and prescription fraud.</li> <li>▪ An increasing trend towards the amateurisation of illicit drug production, accompanied by the emergence of supply through the internet and new synthetic drugs.</li> <li>▪ Ensuring alcohol and other drug policy in SA is action-oriented with data available to measure progress.</li> <li>▪ Ensuring policy responses reflect local, state and national strategies and are coordinated across agencies to optimise efficiency and effectiveness.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Objectives: <ul style="list-style-type: none"> <li>- Reduce illicit drug use and its associated harms.</li> <li>- Reduce the rate of alcohol-related harm.</li> <li>- Reduce drug-related harm to young people and families of those with substance misuse issues.</li> <li>- Reduce harm from substance misuse among Aboriginal people.</li> <li>- Improve the timeliness of monitoring systems so trends in alcohol and other drug misuse are detected as early as possible.</li> <li>- Use of a strong collaborative approach to substance misuse issues, both between government agencies and between the government and non-government sectors.</li> </ul> </li> <li>▪ Utilise new technologies for providing services.</li> <li>▪ Accessible, relevant and culturally appropriate services for the community.</li> <li>▪ Evidence-based practice.</li> </ul> |
| <p>Aboriginal Health Care Plan 2010-2016</p>                      | <ul style="list-style-type: none"> <li>▪ Health to Aboriginal people is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ SA's Aboriginal population has a different profile to the non-Aboriginal population, with a very young age structure, reflecting higher birth rates and shorter life expectancy.</li> <li>▪ Aboriginal women have higher fertility rates (2.71 compared with 1.71 for non-Aboriginal women). As a result, and unlike the rest of the population, more attention is needed on programs and services relating to childbirth and maternal health, early childhood and youth development.</li> <li>▪ There is also a great diversity in the health and wellbeing of Aboriginal people.</li> <li>▪ 19% of Aboriginal South Australians live in areas classed as "remote" or "very remote".</li> <li>▪ Highly mobile population with frequent changes in usual place of residence for educational, employment, health or housing reasons.</li> <li>▪ Involving Aboriginal communities in their own care and working across government to address social and economic disadvantage.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Implementing a culturally appropriate program to improve health literacy.</li> <li>▪ Planning and implementing local strategies to improve food security (supply and access).</li> <li>▪ Good practice universal and targeted health promotion programs and services for Aboriginal child and maternal health.</li> <li>▪ Consolidating structures, processes and protocols for effective engagement with Aboriginal communities and providers of services to Aboriginal communities.</li> <li>▪ Ensuring access to 24 hour Step-Down services and new Aboriginal patient pathways officers is included in discharge planning processes for Aboriginal patients.</li> <li>▪ Implementing an annual Aboriginal Health Integrated Planning Process at the state level.</li> </ul>  |

| Document  | Key Information   | Issues and Risks  | Opportunities and Strategies  |
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| Chronic Disease Action Plan for South Australia 2009-2018 | <ul style="list-style-type: none"> <li>▪ The Plan outlines SA Health’s ten year plan to address preventable chronic disease</li> <li>▪ Chronic disease is a major contributor to the burden of disease in SA. <ul style="list-style-type: none"> <li>- 46% have been diagnosed with at least one chronic disease.</li> <li>- An estimated 15% suffer two or more chronic diseases.</li> </ul> </li> <li>▪ Chronic diseases exert considerable pressure on all parts of the health system.</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Challenges: <ul style="list-style-type: none"> <li>- Greater focus on ongoing care across disease continuum; prevention; early intervention; disease management; self-management support; case management.</li> </ul> </li> <li>▪ Priority group needs including Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse, and low socio-economic.</li> <li>▪ Health equity focus (e.g. lowest quintile for household income and index of disadvantage recording higher proportions of arthritis, diabetes mellitus, and heart, stroke and vascular disease).</li> </ul>         | <ul style="list-style-type: none"> <li>▪ Strategies: <ul style="list-style-type: none"> <li>- Early Intervention Screening, validated risk assessment tools.</li> <li>- Risk factor modification programs.</li> <li>- Monitoring - registers for chronic disease and for risk factors.</li> <li>- Disease management partnerships across all care settings.</li> <li>- Multidisciplinary/team based care.</li> <li>- Improved transitions between care providers.</li> <li>- Improved management of complex conditions.</li> <li>- Self-management support in all health encounters through training and education of providers.</li> <li>- Referral to self-management programs.</li> <li>- Referral to disease specific self-care programs.</li> </ul> </li> <li>▪ Opportunities: <ul style="list-style-type: none"> <li>- Political climate that supports change.</li> <li>- Self-management education progressively being incorporated into undergraduate training (both tertiary and TAFE).</li> <li>- Giving clients real opportunities to be active in decision making.</li> <li>- Increased use of electronically shared Agreed Health Care Plans.</li> </ul> </li> </ul>   |
| South Australia’s Oral Health Plan 2010-2017              | <ul style="list-style-type: none"> <li>▪ Oral health is an integral part of general health.</li> <li>▪ A stepped model of oral health services in SA is used.</li> <li>▪ Aim: to improve the oral health of all South Australians, but particularly those groups of people who are most at risk of poor oral health.</li> <li>▪ Dental problems are very common.</li> <li>▪ Diseases of the oral cavity have significant impacts on people’s lives and wellbeing (e.g. daily functions, work productivity, social interactions, morbidity and even death).</li> </ul> | <ul style="list-style-type: none"> <li>▪ Challenges: <ul style="list-style-type: none"> <li>- Access to appropriate and affordable services (dental care; ageing population; dental decay among children; people with ‘special needs’; people with chronic medical conditions; Aboriginal people; rural and remote people; migrant people; disadvantaged people; people with dental insurance).</li> <li>- Infrastructure (public dental services; oral health workforce; capital works/ageing public infrastructure; dental education and research).</li> <li>- Planning and coordination (research; models of care).</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>▪ Strategies: <ul style="list-style-type: none"> <li>- Ensuring consistent oral health messages are developed and promoted.</li> <li>- Exploring ways to reduce out-of-pocket dental costs.</li> <li>- Exploring more flexible service delivery opportunities.</li> <li>- Ensuring low income earners receive regular dental check-ups.</li> <li>- Extending the visiting public dental specialist program.</li> <li>- Interacting with older people in their homes including a simple oral health screening tool.</li> <li>- Implementing the Nursing Home Oral and Dental Health Plan.</li> <li>- Supporting the implementation of healthy eating guidelines for pre-school centres and schools, the Right Bite Strategy for canteens, Crunch and Sip, and OPAL tap water campaigns.</li> <li>- Ensuring pregnant women and parents of young children have the information they need at key stages of development.</li> <li>- Access to the School Dental Service until 18 years of age.</li> <li>- Formation of a special needs dentistry network.</li> <li>- Extension of the Aboriginal Liaison Dental Program.</li> <li>- Ensuring high quality and specialist dental training.</li> </ul> </li> </ul> |

| Document   | Key Information   | Issues and Risks  | Opportunities and Strategies  |
|--|---|---|---|
| South Australia's Communities for All: Our Age Friendly Future<br>- Age Friendly South Australia Guidelines for State Government           | <ul style="list-style-type: none"> <li>▪ The SA Government's vision is to ensure that all people can lead active lives and access their community, easily and safely. Part of this vision is to plan and build physical and social environments that will optimise health and wellbeing and opportunities to participate in the workforce, civic and community life, as South Australians age.</li> <li>▪ The age-friendly guidelines represent an innovative application of the WHO age-friendly checklist to the South Australian context, where local strategies will meet local needs.</li> </ul> | <ul style="list-style-type: none"> <li>▪ SA is undergoing significant demographic changes to its population.</li> <li>▪ SA has a faster ageing population than other mainland states and by 2031, there will be more than 440,000 people aged over 65, making up more than 1 in 5 of SA's total population.</li> <li>▪ People are living longer and more people want to continue living in the community of their choice for as long as possible.</li> <li>▪ Ensuring communities and environments remain accessible for people at every stage of their lives.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ More recently, active ageing has been framed by the four pillars of security (dealing with vulnerability), activity (participation), health, and continuity of education.</li> <li>▪ Principles:               <ol style="list-style-type: none"> <li>1. Design and maintenance of public spaces and buildings</li> <li>2. Transportation</li> <li>3. Housing</li> <li>4. Social participation</li> <li>5. Respect and social inclusion</li> <li>6. Civic participation and employment</li> <li>7. Communication and information</li> <li>8. Community support and health service.</li> </ol> </li> </ul>  |
| South Australia's Communities for All: Our Age Friendly Future<br>- Age Friendly Neighbourhood Guidelines and Toolkit for Local Government | <ul style="list-style-type: none"> <li>▪ This document addresses a variety of social services and programs provided by local government in addition to guidelines relating to the physical environment.</li> <li>▪ The Toolkit provides some practical tools to assist local governments in taking the next steps in the implementation of the guidelines.</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Information is a key factor which bears on people's ability to maintain their health, remain independent and stay connected to their communities.</li> <li>▪ Sometimes people are overwhelmed by the amount of information provided by service providers.</li> <li>▪ Many older people prefer a personal approach that enables them to ask questions and build a relationship.</li> <li>▪ Each council has its own particular characteristics so the Toolkit is not intended to be used as a process to compare councils and/or rank them against each other, but to assist in their continuous improvement.</li> <li>▪ Developing and prioritising action plans, through an age-friendly lens.</li> <li>▪ Range of internal and external stakeholders to consider.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Examples of best practices at the Council level:               <ul style="list-style-type: none"> <li>- Peer support programs, including opportunities for mentoring, for people experiencing a loss of hearing and/or vision.</li> <li>- Development of Active Ageing Strategy or Plan in consultation with older people.</li> <li>- Provision of adult recreation facilities such as fitness circuits and age-friendly play equipment.</li> <li>- Local area traffic management devices to reduce vehicle speeds.</li> <li>- Large and clear street and road signage in predictable locations.</li> <li>- Council or community based community transport services.</li> <li>- Translation services at council offices and libraries.</li> <li>- Venues for events and activities conveniently located, accessible, well lit and easily reached by public or community transport. Held in a range of community venues, at times convenient for older people, and that can be attended alone or with a companion.</li> <li>- Inviting older people to participate in boards, management committees and advisory groups.</li> </ul> </li> </ul> |

| Document  | Key Information   | Issues and Risks   | Opportunities and Strategies   |
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| <p>South Australia's Communities for All: Our Age Friendly Future</p> <p>- Age Friendly Living Guidelines for Residential Development</p> | <ul style="list-style-type: none"> <li>▪ This document is focused on the physical environment and communities created in new Greenfield and Brownfield projects. They utilise and build on examples of existing best practice such as the Housing SA House Design Guide, Design Criteria for Adaptable Housing and Design Guidelines for Site Layouts. The guidelines are aligned to relevant WHO criteria for the provision of age-friendly housing, such as those relating to the design of outdoor spaces and provisions of safe access.</li> <li>▪ Older people strongly value housing and support that allows them to choose to age comfortably and safely within the community to which they belong.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Access to 'green spaces' is one of the most commonly mentioned age-friendly features.</li> <li>▪ Local government is responsible for the design and maintenance of local communities, but state governments are responsible for the design of metropolitan scale open spaces, trails and government buildings.</li> <li>▪ The way the physical environment and public buildings are designed and maintained has a major impact on the mobility, independence and quality of life of older people and the extent to which they can 'age in place'.</li> <li>▪ Access to regular, safe, affordable and ability appropriate transport is a critical element in supporting older people to remain physically active and socially connected. For those unable to drive, or who prefer not to, public and community transport is essential.</li> <li>▪ The main responsibility for public transport rests with SA Government.</li> <li>▪ Social and economic exclusion also affect many older people - need consistent outreach to include people at risk of social isolation.</li> <li>▪ Many older people would like paid employment but experience a variety of barriers including mandatory retirement ages, financial disincentives such as loss of pension or entitlements. Caring responsibilities (e.g. of grandchildren or frail partners) can restrict people's ability to participate in volunteering or paid work.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Large and clear signage provided in predictable locations for buildings, services, roadways.</li> <li>▪ Signage should include information in tactile and Braille forms.</li> <li>▪ Footpaths, ramps and walkways in public open spaces and trails networks constructed to comply with Disability Discrimination Act 1992 requirements.</li> <li>▪ Shared use paths wide enough to allow different users to safely use the path at different speeds with Local Access Shared Paths and Local Commuter Paths being a minimum width of 2500mm, and Recreational Paths being a minimum width of 3500mm.</li> <li>▪ Pedestrian safety supported through pedestrian activated lights with longer crossing times, tactile and audio indicators, changes in pavement texture and colour, island refuges and signage.</li> <li>▪ Public spaces designed to be attractive, safe and convenient. Infrastructure, such as seating, shade, bins, water fountains and clean and accessible toilets, provided to encourage people to utilise such spaces.</li> <li>▪ Rest areas and seating should not interfere with flow of pedestrian or cycle traffic in public open spaces and trails networks.</li> <li>▪ Public and commercial buildings comply with the DDA.</li> <li>▪ Government services clustered in regional and district centres in close proximity to public transport and other services and facilities, such as shopping centres.</li> <li>▪ Clean and pleasant public areas.</li> <li>▪ Support for older drivers (e.g. refresher courses).</li> <li>▪ Education and communication programs to ensure all drivers understand and are sympathetic to the needs of older drivers.</li> <li>▪ Reliable and frequent public transportation, including at night and on weekends and holidays.</li> <li>▪ Courteous and helpful ticket vendors, bus drivers and tram conductors.</li> <li>▪ Easy to use ticket machines with large buttons and lettering.</li> <li>▪ Public transport costs clearly displayed and structured in a way that ensures older people on low incomes and those who live further away from services and facilities are not disadvantaged.</li> <li>▪ Financial and practical support for home modifications.</li> <li>▪ Energy efficient housing assistance.</li> <li>▪ Encouraging volunteering opportunities.</li> <li>▪ Effective and multi-faceted communication systems.</li> </ul> |

## Regional Level Plans (2 or more Councils)

1. Stronger & healthier communities and neighbourhoods (creating better and safer places to live, infrastructure, connectedness, volunteers, health planning)
2. Increasing opportunities for healthy living, healthy eating and being active (alcohol and tobacco strategies, OPAL, healthy food, reduced obesity)
3. Preparing for climate change (natural environment value and management, landscape, buildings, extreme weather response)
4. Sustaining and improving public and environmental health protection (food safety, immunisation, emergency management, environmental factors e.g. air quality, noise)

| Plan   | How have you responded to HEALTH in the plan  | 1 | 2 | 3 | 4 |
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| <b>Regional Development Australia Adelaide Hills, Fleurieu &amp; Kangaroo Island Strategic Plan 2012 - 2015 (Adelaide Hills, Mount Barker, Alexandrina, Victor Harbor, Yankalilla and Kangaroo Island)</b>   | <ul style="list-style-type: none"> <li>• Aims for the RDA to clearly understand and represent the interests of individual communities, groups of communities and the region as a whole in relevant decision making processes.</li> <li>• Aims to facilitate a clear understanding and access to government support programs for regional stakeholders by building resilient relationships with and between key stakeholders.</li> <li>• Aims to promote sustainable economic growth, encourage investment, create jobs and build prosperity for the region.</li> <li>• Aims to facilitate the development of new economic, social and environmental infrastructure across the region.</li> </ul>  |   |   |   |   |
| <b>Regional Development Australia Adelaide Hills, Fleurieu &amp; Kangaroo Island Regional Roadmap 2013 - 2016 (Adelaide Hills, Mount Barker, Alexandrina, Victor Harbor, Yankalilla and Kangaroo Island)</b> | <ul style="list-style-type: none"> <li>• Aims to grow sustainable communities through effective structure planning which:               <ol style="list-style-type: none"> <li>1. Recognises the role of regional centres</li> <li>2. Supports major community and economic facilities that encourage further investment and connectivity with existing infrastructure</li> <li>3. Delivers community services like health and education</li> </ol> </li> <li>• Aims to reduce unemployment in communities where rates are high.</li> <li>• Supports the ageing population as needed across the region.</li> <li>• Provides for affordable housing for low paid workers and those with special needs.</li> <li>• Supports the economic development throughout the region through:               <ol style="list-style-type: none"> <li>1. Improve access to infrastructure for more isolated communities</li> <li>2. Develop infrastructure which links across the region</li> <li>3. Develop new and existing tourism and other business ventures</li> </ol> </li> <li>• Aims to meet the infrastructure needs of a fast growing region including:               <ol style="list-style-type: none"> <li>1. Essential services (water, sewage, power)</li> <li>2. Transport infrastructure (roads)</li> </ol> </li> <li>• Community infrastructure (parks, walking and cycling paths, open space)</li> <li>• Aims to minimise the impact of climate change on the region through adaptation planning.</li> <li>• Strengthens biosecurity to support the region's primary industries.</li> <li>• Delivers potable water and environmentally appropriate management of waste water and solid waste to all communities within the region.</li> </ul> |   |   |   |   |

| Plan  | How have you responded to HEALTH in the plan  | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| <b>Regional Youth Strategy 2012 – 2017</b><br><b>(Adelaide Hills, Mount Barker, Alexandrina)</b>                                  | <ul style="list-style-type: none"> <li>• Identifies the need for health providers to be youth friendly (confidentiality). Monitors mental health demand and supply.</li> <li>• Improves youth access to:               <ol style="list-style-type: none"> <li>1. Accommodation (Emergency/crisis, rental)</li> <li>2. Education and training</li> </ol> </li> <li>• Supports the development of a youth centre in Mt. Barker.</li> <li>• Develops and implements programs that assist young people to connect with peers, share positive stories about youth, youth leadership development opportunities</li> </ul>   |   |   |   |   |
| <b>Positive Ageing Strategy 2020</b><br><b>(Adelaide Hills, Mount Barker, Alexandrina)</b>  | <ul style="list-style-type: none"> <li>• Increases the involvement of aging people in planning and the community:               <ol style="list-style-type: none"> <li>1. Annual celebration of ageing initiatives using the ‘Positive Ageing’ theme.</li> <li>2. Promotes local community champions of ageing (in areas of arts, education, physical activity, community services)</li> <li>3. Encourages participation in: forums and planning initiatives; leisure, recreation and community activities; volunteering and mentoring.</li> <li>4. Identifies existing community centres to become ‘positive ageing’ information and connection hubs, uses a holistic community development model.</li> <li>5. Trains and supports council and community service provider staff to assist in the access to information for older people, families and carers</li> <li>6. Assists people from culturally diverse backgrounds.</li> </ol> </li> <li>• Develops ‘age friendly’ neighbourhoods:               <ol style="list-style-type: none"> <li>1. Ensures access to services, shops, transport, recreation</li> <li>2. Provides suitable and flexible housing options</li> <li>3. Provides community transport options (Hills Community Transport)</li> <li>4. Manages safety of council infrastructure (footpaths, parks, libraries, community facilities)</li> </ol> </li> <li>• Provides for primary health care services, expands these to focus on improving health and well-being. Expands and supports volunteers working with older people.</li> <li>• Strengthens regional links; provides an integrated cross agency approach to assisting older people and carers (acute health, primary health, aged care systems, disability and mental health).</li> <li>• Increases awareness of the future for people who are approaching retirement age (housing, services, health).</li> <li>• Supports essential services that enable ‘ageing in place’ (Domiciliary Care, Home Assist, Community Aged Care Packages).</li> <li>• Assists older people to remain socially connected (home delivery from shops, phone-in prescriptions, transport).</li> </ul> |   |   |   |   |
| <b>Southern Fleurieu Coastal Action Plan and Conservation Priorities Study</b><br><b>(Alexandrina, Victor Harbor, Yankalilla)</b> | <ul style="list-style-type: none"> <li>• Identifies the impact of Climate Change and tourism ventures on the existing Coastal environment and biodiversity. Assesses how these will impact on the future viability of these areas.</li> </ul>   |   |   |   |   |

| Plan   | How have you responded to HEALTH in the plan  | 1 | 2 | 3 | 4 |
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| <b>Housing Issues and Older People on the Fleurieu Peninsula 2009</b><br>(Alexandrina, Victor Harbor, Yankalilla)                                    | <ul style="list-style-type: none"> <li>• Identifies opportunities to increase the provision of affordable housing within the District through the Affordable Housing Innovations Program, Government planning directions and the National Rental Affordability Scheme.</li> </ul>   |   |   |   |   |
| <b>Southern Fleurieu Positive Aging Taskforce - Community Consultation Project 2011</b><br>(Alexandrina, Victor Harbor, Yankalilla, Kangaroo Island) | <ul style="list-style-type: none"> <li>• Identifies, through community consultation, current experiences, infrastructure and service shortfalls, and potential opportunities to assist the Southern Fleurieu Positive Aging Taskforce in developing strategies to meet the needs of the elderly within the district.</li> <li>• Identifies the need to improve access to GP and specialist medical appointments, and discharge needs of client from rural/remote areas coming out of hospital</li> <li>• Identifies the need to improve access to affordable housing:               <ol style="list-style-type: none"> <li>1. Increase in low care, high care and respite beds in the region</li> <li>2. Develop housing cooperative arrangements as low cost housing and rental opportunities for older people</li> </ol> </li> <li>• Identifies the need to improve transport options available for elderly people (taxis, community care car/bus, public transport, Ambulance, Patient Assistance Transport Scheme (PATS)).</li> <li>• Identifies the need to ensure the accessibility of infrastructure (footpaths, building entrances, telephones etc.).</li> <li>• Encourages services that promote social connection:               <ol style="list-style-type: none"> <li>1. Continue existing day time social groups</li> <li>2. Commence weekend community social activities</li> <li>3. Commence community visitor or 'buddy' schemes in the region</li> </ol> </li> <li>• Encourages advice and training on age friendly service behaviour for staff involved in community, health, social and aged care service delivery.</li> <li>• Identifies the need to improve Kangaroo Island specific aged care service delivery:               <ol style="list-style-type: none"> <li>1. Provide additional transport with wheel chair capacity</li> <li>2. Increase exercise and sporting activities for elderly</li> <li>3. Develop day options program with craft, art, writing, library groups</li> <li>4. Develop a men's shed and community garden</li> <li>5. Consider having mobile programs</li> <li>6. Offer and subsidize short time contracts for workers in health, aged and community care</li> </ol> </li> <li>• Identifies the need to improve the availability of service information and ways to communicate with older people in the region.</li> </ul> |   |   |   |   |

| Plan  | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <b>Recreation Today and Tomorrow – Social and Recreational Needs of Older People in the Southern Fleurieu Peninsula 2006 (Alexandrina, Victor Harbor, Yankalilla)</b> | <ul style="list-style-type: none"> <li>• Identifies, through community consultation, current experiences, infrastructure and service shortfalls, and potential opportunities to support the development of social and recreation facilities within the Fleurieu Peninsula.</li> <li>• Aims to increase volunteer numbers through a Volunteer Awareness program.</li> <li>• Supports the ongoing development of the Southern Fleurieu club structure through the provision of leadership, advice, training, communication networks and funding schemes and opportunities.</li> <li>• Explores the opportunity for existing providers to develop more of the popular social and recreational options.</li> <li>• Improves communication strategies with the elderly within the District.</li> <li>• Identifies the need to improve the transportation service for the elderly.</li> <li>• Identifies the demand for the development of an indoor swimming pool complex.</li> <li>• Suggests that organisations offering activities utilising positive physical and mental health as reasons for encouraging involvement.</li> <li>• Encourages community involvement through communicating positive testimonials via the mediums of radio and the written word.</li> </ul>   |   |   |   |   |
| <b>The Fleurieu Peninsula Destination Action Plan 2012 -2015 (Onkaparinga, Alexandrina, Yankalilla, Victor Harbor)</b>  | <ul style="list-style-type: none"> <li>• Aims to support economic development within the region and enhance the competitive appeal of The Fleurieu Peninsula as a tourist destination.</li> </ul>  |   |   |   |   |
| <b>Southern Fleurieu &amp; Kangaroo Island Housing Resource Document 2011 (Alexandrina, Victor Harbor, Yankalilla, Kangaroo Island)</b>                               | <ul style="list-style-type: none"> <li>• Identifies, through community consultation, current experiences, shortfalls, and potential opportunities to improve the provision and accessibility of housing and accommodation.</li> <li>• Provides for aboriginal specific housing options; such as separate youth and aged housing locations, an elder’s village and communal living.</li> <li>• Identifies the need for emergency and short-term accommodation to take the pressure off youth and allow young people to learn independent living skills and transition to longer-term options.</li> <li>• Supports families and young people to encourage them to stay home. Supports shared accommodation for youth with live-in support workers.</li> <li>• Identifies the need to support victims of domestic violence and secure housing options.</li> <li>• Supports people with disabilities to live independently through the provision of small cluster housing with additional shared common and outdoor space, with an on-site care provider.</li> <li>• Identifies the need to provide emergency, short-term and long-term affordable accommodation for people on a low income. Supports existing housing services.</li> <li>• Identifies the continued and increasing need for accommodation for the aging population.</li> <li>• Provides for the improved transport and independent living options for people with mental illness.</li> <li>• This plan aims to increase an individual’s independence in housing and rental accommodation, providing security and increasing the opportunities for healthy living</li> </ul> |   |   |   |   |

| Plan  | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <b>Migration and Return Migration in the Older Population of the Southern Fleurieu Peninsula 2005</b><br>(Alexandrina, Victor Harbor, Yankalilla) | <ul style="list-style-type: none"> <li>• Identifies the need to understand and monitor the migration into and out of the region especially the influx of retiring or aging people. A change in District's demographic has the potential to significantly impact on the social, economic and services needed of the population.</li> </ul>  |   |   |   |   |
| <b>A Framework for Social Connectivity on the Southern Fleurieu Peninsula</b><br>(Alexandrina, Victor Harbor, Yankalilla)                         | <ul style="list-style-type: none"> <li>• Identifies, through research and community consultation, current status of social isolation within the District and identifies a potential framework to manage and prevent this.</li> <li>• Encourages prevention of social isolation through building community capacity, including:               <ol style="list-style-type: none"> <li>1. Facilitates engagement through direct and indirect relationships and participation in social activities</li> <li>2. Facilitates access to social opportunities (venues, transport and friendly communities)</li> <li>3. Offers a diverse range of opportunities to participate</li> <li>4. Aware of the benefits of social participation</li> </ol> </li> <li>• Identifies the at risk and socially isolated individuals:               <ol style="list-style-type: none"> <li>1. Quickly recognises and responds to risk persons or groups</li> <li>2. Aware of and responds to causes and barriers to promote social connectivity</li> <li>3. Provides a range of supports favouring minimal intervention, self-help and independence</li> </ol> </li> <li>• Encourages a service system that values and supports social involvement:               <ol style="list-style-type: none"> <li>1. Appreciates and utilises the skills and abilities of service recipients</li> <li>2. Provides adequate base services that enable individuals to participate socially</li> <li>3. Allows individuals to prioritise their needs, using the available resources in a way which suits them</li> </ol> </li> <li>• Individualises support with social participation:               <ol style="list-style-type: none"> <li>1. Enables individuals to be assisted to participate socially in the community and to create and maintain relationships:                   <ol style="list-style-type: none"> <li>2. Directly (between the individual and another person)</li> <li>3. Indirectly (through a role which implies a role in or relationship with the community)</li> </ol> </li> <li>4. Through community participation</li> </ol> </li> </ul> |   |   |   |   |
| <b>Southern Fleurieu Peninsula Roadside Vegetation Management Plan 2011</b><br>(Alexandrina, Victor Harbor, Yankalilla)                           | <ul style="list-style-type: none"> <li>• Details the management of roadside vegetation including the removal or maintenance of trees, removal or control of pest plants and animals, specifications for the installation of services. Improves road safety and preserves the amenity and function of pedestrian facilities.</li> <li>• Provides guidelines for establishing walking, bicycle or horse trails along the road network.</li> <li>• Informs the development and review of the regional and local bushfire prevention plans.</li> </ul>   |   |   |   |   |

## Adelaide Hills Council Plans

1. Stronger & healthier communities and neighbourhoods (creating better and safer places to live, infrastructure, connectedness, volunteers, health planning)
2. Increasing opportunities for healthy living, healthy eating and being active (alcohol and tobacco strategies, OPAL, healthy food, reduced obesity)
3. Preparing for climate change (natural environment value and management, landscape, buildings, extreme weather response)
4. Sustaining and improving public and environmental health protection (food safety, immunisation, emergency management, environmental factors e.g. air quality, noise)

| Plan   | How have you responded to HEALTH in the plan  | 1 | 2 | 3 | 4 |
|--|---|---|---|---|---|
| <b>Adelaide Hills Strategic Plan 2014 - 2018</b> | <ul style="list-style-type: none"> <li>• Develops a safe and connected community:               <ol style="list-style-type: none"> <li>1. Ensures access to accommodation (retirement villages, supported housing, accessible and emergency housing).</li> <li>2. Improves road safety (education, State Government trails of speed limits)</li> <li>3. Supports community initiatives and community participation (volunteers); improves Council engagement with minority groups (youth, aged, indigenous, disability, and mental health, multicultural).</li> <li>4. Promotes lifelong learning (Digital Hub)</li> <li>5. Promotes cultural activities, arts and heritage across the region (Adelaide Hills Sculpture Trail)</li> </ol> </li> <li>• Provides for sustainable natural and built environments:               <ol style="list-style-type: none"> <li>1. Improves activity centres and villages (central public space, public infrastructure)</li> <li>2. Improves active and 'greener' modes of transport (walking/cycling/public transport)</li> </ol> </li> <li>• Develops a prosperous economy (agriculture, tourism, local business)</li> <li>• Aims to be a recognised leading performer (community engagement, organisation excellence)</li> <li>• Improves Home and Community Care (HACC) services for older residents. Identifies the need to partner with community centres to deliver a range of services and programs, promotes existing services and programs.</li> <li>• Promotes the State Government Way2Go program (safer walking/cycling to school).</li> <li>• Identifies the need to secure water resources; improves water quality, meet agricultural needs, re-use options, WSUD.</li> <li>• Builds community resilience to response and recover from emergency situations (physical, spread of disease).</li> <li>• Supports sustainable local agricultural production.</li> </ul> |   |   |   |   |

| Plan   | How have you responded to HEALTH in the plan  | 1 | 2 | 3 | 4 |
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| <b>Adelaide Hills Business Plan 2013 - 2014</b>          | <ul style="list-style-type: none"> <li>• How have you responded to HEALTH in the plan (what doing/plan to do, particular groups catered for, particular issues addressed).</li> <li>• Consider the Social Determinants of Health, CHES principles, built environment, health related programs, community well being, lifestyle etc.</li> <li>• Continues to provide the core council services:               <ol style="list-style-type: none"> <li>1. Managing basic infrastructure (roads, footpaths, parks, public open space, street lighting, stormwater)</li> <li>2. Waste disposal</li> <li>3. Various environmental health services</li> </ol> </li> <li>• Provides additional programs and services:               <ol style="list-style-type: none"> <li>1. Aged and disability services including Home &amp; Community Care</li> <li>2. Community development and support</li> <li>3. Community centre operations</li> <li>4. Grant making to community organisations</li> <li>5. Community engagement</li> <li>6. Community use buildings</li> <li>7. Economic development and tourism</li> <li>8. Fire mitigation</li> <li>9. Library &amp; customer services, including arts and culture</li> <li>10. Retirement villages</li> <li>11. Sporting facilities</li> <li>12. Transport</li> <li>13. Youth development activities</li> </ol> </li> <li>• Maintains management plans for all parks, reserves and conservation areas with stakeholders and experts according to Council's policies. Provides safe and accessible pathways for walkers.</li> <li>• Works with volunteer groups to enhance the biodiversity value of the native vegetation.</li> <li>• Plans and maintains infrastructure to meet, as far as practical, the community's social, economic, environmental and financial needs. Integrates infrastructure work with surrounding Councils, State and national plans and programs.</li> <li>• Actively encourages and supports volunteering.</li> <li>• Supports events and festivals which bring the community together</li> <li>• Improves waste processing (green waste) across the region.</li> <li>• Enhances the Community Wastewater Management System, ensures compliance with EPA standards.</li> </ul> |   |   |   |   |
| <b>Adelaide Hills Council Biodiversity Strategy 2013</b> | <ul style="list-style-type: none"> <li>• Improves partnerships that promote biodiversity opportunities within the region.</li> <li>• Supports community interest and participation in conservation activities (weed control and planting projects).</li> <li>• Reduces bushfire fuel load while maintaining native vegetation and biodiversity.</li> </ul>  |   |   |   |   |

| Plan  | How have you responded to HEALTH in the plan  | 1 | 2 | 3 | 4 |
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| <b>Adelaide Hills Business Continuity Plan 2011</b> | <ul style="list-style-type: none"> <li>• Details Council emergency response to a range of potential situations, including:               <ol style="list-style-type: none"> <li>1. Loss of specific buildings due to Fire, Bushfire, Bomb threat, Flooding, Chemical spill</li> <li>2. Loss of utilities due to storm damage, bushfire, vehicle accident, supply rationing, supplier failure</li> <li>3. Loss of telecommunications due to bushfire, infrastructure damage, provider fault</li> <li>4. Flood due to high rainfall of river levels</li> <li>5. Storm damage</li> <li>6. Pandemic; localised or international</li> <li>7. Loss of fuel supply due to industrial action, supply chain failure, peak oil</li> <li>8. Catastrophic fire danger days</li> </ol> </li> </ul>   |   |   |   |   |
| <b>Climate Change Adaptation Report 2009</b>        | <ul style="list-style-type: none"> <li>• Engages with Commonwealth/State Government Departments and Volunteer organisations to meet Natural Resource Management objectives.</li> <li>• Aims to develop ongoing capacity and capability to sustain and deliver Climate Change programs and projects.</li> <li>• Improves community information and awareness programs for reducing risk of health issues associated with food, cooling towers and swimming pools.</li> <li>• Enhances public safety and reduces liability exposure from trees; when there is damaged caused due to extreme heat.</li> <li>• Improves Council's cooling system performance in extreme heat.</li> <li>• Ensures that buildings have increased resilience to the impacts of excessive soil dryness, reducing potential injury due to building failure.</li> <li>• Implements WSUD principles to the management of parks, reserves, sport and recreation facilities. Maintains the amenity of Parks and Gardens utilising sustainable management techniques.</li> <li>• Improves public health and safety through the provision of immunisation and disease vector control programs.</li> <li>• Reduces mosquito-breeding sites such as rainwater tanks and dwellings.</li> <li>• Ensures public safety through flood mitigation and management. Maintains a stormwater management system that meets effective drainage capacity.</li> <li>• Ensures Bushfire Mapping systems reflect current conditions to meet council decision-making and community safety needs.</li> <li>• Improves Hazard Reduction Management, reduces vegetation fuel, planting options.</li> <li>• Ensures an ongoing capacity and capability to sustain and deliver bushfire management (prevention, preparedness, response, recovery) programs, and projects.</li> <li>• Reduces service and productivity loss following bushfire.</li> </ul> |   |   |   |   |

| Plan  | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <b>Adelaide Hills Council Climate Change Strategy 2007</b>              | <ul style="list-style-type: none"> <li>• Develops a staff and community education and awareness program.</li> <li>• Promotes community involvement in Climate Change action.</li> <li>• Undertakes risk identification and management of issues related to Climate Change.</li> <li>• Promotes Zero Waste's 'Green Event' program to community event organisers.</li> <li>• Develops water conservation and recycling strategy.</li> <li>• Integrates contemporary Climate Change practices into the design of council assets.</li> <li>• Promotes the concept of 'food miles' ensures that they are consider during the purchasing process and that locally produced goods are purchased wherever practical.</li> </ul>   |   |   |   |   |
| <b>Adelaide Hills Council Sport and Recreation Strategy 2009 - 2019</b> | <ul style="list-style-type: none"> <li>• Supports large facilities:               <ol style="list-style-type: none"> <li>1. Develops 3 existing facilities into regional level multi-purpose outdoor sporting precincts.</li> <li>2. Promotes and encourages the use of existing regional and state level sporting facilities within the area.</li> <li>3. Provides appropriate indoor recreation facilities that are accessible and multi-purpose.</li> <li>4. Maintains the Adelaide Hills Swimming Centre as the major aquatic centre in the Council area.</li> <li>5. Establishes an integrated trail network; links with major State level trails (walkers, cyclists, horse riders).</li> </ol> </li> <li>• Supports smaller facilities:               <ol style="list-style-type: none"> <li>1. Improves access to local playgrounds, adventure playgrounds.</li> <li>2. Sports grounds, tennis, netball, equestrian, lawn bowls</li> <li>3. Community halls</li> </ol> </li> <li>• Improves access to and safety of sport and recreation opportunities for a range of groups (disability, youth, children, general).</li> <li>• Develops volunteer participation.</li> <li>• Promotes communications and partnerships (locally, regionally).</li> <li>• Improves, promotes and identifies funding opportunities for programs and activities.</li> </ul> |   |   |   |   |

| Plan   | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <b>Public and Environmental Health Strategic Plan 2011</b> | <ul style="list-style-type: none"> <li>• Ensures community participation in public and environmental health planning and action delivery. Ensures partnership opportunities are developed and maintained where appropriate.</li> <li>• Improves road safety by supporting community road safety initiatives when deemed appropriate.</li> <li>• Improves health promotion and public safety by prioritising existing and emerging issues and educating the community.</li> <li>• Provides for quality and equity in lifestyle for people with special needs by targeting issues in relation to accommodation, isolation, mobility, safety, security, nutrition and unemployment.</li> <li>• Improves access to shade and sun protection, streetscapes and sports and recreation facilities.</li> <li>• Ensures a high standard of tourist accommodation and the provision of housing that meets the needs of the residents (quality, sanitation).</li> <li>• Ensures the opportunity for a healthy lifestyle through the provision of safe, attractive recreational facilities and efficient vehicular and pedestrian access.</li> <li>• Provides for public food safety education programs through Council websites, The Hills Voice, displays and other media.</li> <li>• Encourages tourism and recreational events.</li> <li>• Protects local water quality; identifies likely pollutant sources and rectifies any problems, educates the public, identifies vulnerable waterways, develops emergency management plans to deal with flooding and water contamination.</li> <li>• Ensures food safety through premise inspections, response to complaints and incidents, product recalls, sampling and testing, and education of consumers, manufacturers and food handlers.</li> <li>• Improves existing rodent/vermin and mosquito control programs.</li> <li>• Ensures that an appropriate waste management strategy is in place to protect public health and promote environmental sustainability (waste water, solid waste). Monitors and responds to sewerage spills, manages septic tanks.</li> <li>• Undertakes duties under the Environment Protection Act as required, including noise and air monitoring.</li> <li>• Maintains air quality at a level that will not pose a risk to individuals and prevent environmental harm (backyard burning, wood heaters).</li> <li>• Minimises the prevalence of vaccine preventable diseases through the provision of immunisation services.</li> <li>• Ensures that swimming and spa pools meet the legislative standards to minimise the transfer and prevalence of infectious diseases.</li> <li>• Minimises the incidence of infectious diseases and achieve high standards of hygiene and infection control in retail and public premises. Ensures a rapid and effective response to incidents of infectious disease.</li> <li>• Establishes the prevention and effective identification and treatment of insanitary conditions (disposal or dead animals, public toilets, syringe disposal, waste disposal at events).</li> <li>• Prevents the pollution of land; promotes the correct use, storage, disposal and transportation of chemicals, monitors site contamination, investigates illegal landfill sites.</li> <li>• Recognises bushfire as a high priority in council emergency planning; educate the community, promote fuel reduction and bushfire safety.</li> </ul> |   |   |   |   |

| Plan                            | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <b>Open Space Strategy 2002</b> | <ul style="list-style-type: none"> <li>• Maintains the open space character of the Adelaide Hills Council area, with a comprehensive open space network, trails (bike and walking) and reserves.</li> <li>• Establishes links with relevant community groups and environmental interest groups for collaboration of future management and development of open space areas.</li> <li>• Establish links with trails in surrounding council areas (tourism potential).</li> <li>• Works towards to improvement of council owned public space. Establishes community based maintenance and improvement initiatives.</li> <li>• Identifies potential for horse staging facilities.</li> <li>• Supports the use of limited recreational facilities by locals.</li> <li>• Improves cycle/walking links within town centres.</li> <li>• Establishes how different transport modes (vehicular, pedestrian, bicycle, horse riding) will operate safely across the Council area.</li> <li>• Overall this plan increases opportunities for healthy living and being active through the provision of high quality, functional sport and recreation facilities and open space. Identifies the provision of programs and initiatives the support the provision of physical infrastructure.</li> </ul> |   |   |   |   |

## District Council of Mount Barker Plans

1. Stronger & healthier communities and neighbourhoods (creating better and safer places to live, infrastructure, connectedness, volunteers, health planning)
2. Increasing opportunities for healthy living, healthy eating and being active (alcohol and tobacco strategies, OPAL, healthy food, reduced obesity)
3. Preparing for climate change (natural environment value and management, landscape, buildings, extreme weather response)
4. Sustaining and improving public and environmental health protection (food safety, immunisation, emergency management, environmental factors e.g. air quality, noise)

| Plan                                  | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <b>DCMB Strategic Plan 2012- 2017</b> | <ul style="list-style-type: none"> <li>• The key aspiration of the Plan is for the community to be safe and healthy with positive lifestyle and wellbeing.</li> <li>• Identifies strategic plans to be implemented that achieve urban growth management, planning for innovative and renewed public spaces, civic precincts and urban areas.</li> <li>• Aims to increase economic development through local employment, educational opportunities, access to technology, and access to government services.</li> <li>• Promotes urban growth management and social infrastructure:               <ol style="list-style-type: none"> <li>1. Increasing cycling and public transport with a strong focus on District being pedestrian and cycling friendly (increase length of linear trails and improve connectivity in Mount Barker Town Centre)</li> <li>2. Improving and increasing sport, recreation and community facilities (focus on implementing Recreation Plan and enhancing indoor sport and aquatic facilities)</li> </ol> </li> <li>• Promotes local character and culture through increasing public art, the recognition of Aboriginal heritage, and increasing rates of volunteering.</li> <li>• Commits to community engagement and civic participation within governance.</li> <li>• Develops social infrastructure through community programs.</li> <li>• Develops local character and culture by increasing arts events, programs and festivals.</li> <li>• Specifies that urban growth should consider water sensitive urban design (WSUD) and water management.</li> <li>• Identifies strategic imperatives relating to climate change including improving water quality and consumption, protection and management of vegetation.</li> <li>• Promotes improvement in the health of local waterways</li> </ul> |   |   |   |   |

| Plan  | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <b>DC Mount Barker Business Plan 2013 - 2014</b>    | <ul style="list-style-type: none"> <li>• Aims to influence the growth process so as to achieve the best possible outcome for the community:               <ol style="list-style-type: none"> <li>1. Ensure transport infrastructure and options are provided for the community</li> <li>2. Pursue suitable sites for recreation and sporting facilities</li> <li>3. Proceed in the next step for securing the Council provision of a new waste water treatment plant</li> <li>4. Prepare stormwater management strategy for the growth area</li> </ol> </li> <li>• Maintains and improves the District public infrastructure and services:               <ol style="list-style-type: none"> <li>1. Community buildings</li> <li>2. Sporting grounds</li> <li>3. Parks and recreation areas</li> <li>4. Transport &amp; footway corridors</li> <li>5. Waste management</li> <li>6. Fire prevention</li> </ol> </li> <li>• Delivers open space and environmental outcomes across the District and in association with Council facilities and infrastructure.</li> <li>• Encourages and facilitates the creation of a sustainable environment that supports public health and healthy lifestyles.</li> <li>• Improves customer service through facilitating partnerships, outcomes that increase vibrancy, health, and wellbeing of our communities.</li> <li>• Delivers quality library, cultural, family community, event services and programs.</li> <li>• Implements Street Tree and Reserve Tree planting program in conjunction with developers and the community on Council land and within new developments.</li> <li>• Provides educational programs at primary schools on safe dog handling.</li> <li>• Inspects food premises, swimming pools, spas, skin penetration premises</li> <li>• Responds to complaints in relation to insanitary conditions, vermin and other public health related issues</li> <li>• Ensures compliance with the regulations of cooling towers and warm water systems.</li> </ul> |   |   |   |   |
| <b>DCMB Town Centre Strategy – Master Plan 2012</b> | <ul style="list-style-type: none"> <li>• Identifies Mount Barker as a regional centre providing employment and education opportunities, community, social, recreational and cultural services.</li> <li>• Promotes social interactions and physical activity through development of high quality built form and public spaces. Improves public spaces (parks, streetscape).</li> <li>• Identifies the need for a regional community precinct to facilitate larger scale activities (regional gallery, performing arts facility). Promotes the development of places for people (plazas).</li> <li>• Promotes a balanced approach to transport with a focus on public transport, pedestrians and cycling. Improves pedestrian and cycling links within the town centre, links to the linear trails. Improves accessibility for people with disabilities.</li> <li>• Overall this plan promotes Mount Barker Town Centre as a place for people to connect and engage in active transport.</li> <li>• Promotes consideration of environmental sustainability issues at project initiation.</li> <li>• Aims to reduce water use. Aims to reduce atmosphere, watercourses, and local ecosystem pollution.</li> <li>• Improves local streetscape through planting street trees, increasing pedestrian comfort in extreme heat.</li> <li>• Considers flood levels within town centre before development.</li> </ul>   |   |   |   |   |

| Plan   | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <b>Mount Barker, Littlehampton and Nairne Trails Plan 2011</b>     | <ul style="list-style-type: none"> <li>• Establishes a core trail network connecting Mount Barker, Littlehampton and Nairne:               <ol style="list-style-type: none"> <li>1. Connects the key destinations (activity centres, recreation areas, schools)</li> <li>2. Improves safety (access for all trails users, lighting)</li> <li>3. Facilitates use (seating, planting, signage)</li> <li>4. Integrates trail network with existing or new open space</li> </ol> </li> <li>• Provides the infrastructure required for active transport and recreation</li> <li>• Promotes the design of attractive landscaping for trails through low maintenance environments, WSUD, providing shade through vegetation (promotes high use of trails).</li> </ul>  |   |   |   |   |
| <b>DCMB Transport Master Plan 2009</b>                             | <ul style="list-style-type: none"> <li>• Develops a pedestrian oriented core to Mount Barker, supports public transport links and redirects automobile traffic away from the town centre core.</li> <li>• Increases road safety through reviewing speed limits and safety along the road network (80km/hr on rural roads).</li> <li>• Promotes carpooling to reduce automobile traffic along road network.</li> <li>• Aims to integrate the infrastructure for different transport modes (connects park-and-ride, public transport, walking and cycling)</li> <li>• Improves accessibility to public transport for people with specific needs (disabilities, older population, youth).</li> <li>• Promotes walking and cycling connections to centres, services, within residential developments. Identifies required investment into walking and cycling infrastructure (footpaths, bike lanes, recreational trails).</li> <li>• Safe drop off points, 'kiss-and-ride' initiatives, surrounding schools to improve road safety for children.</li> <li>• Investigates how to best market/disseminate information on public transport services to the general community and transport disadvantaged.</li> <li>• Identifies potential links between State Government, advocacy bike groups and surrounding councils.</li> <li>• Promotes the benefit of a second Freeway exit for emergency response.</li> </ul> |   |   |   |   |
| <b>DCMB Bicycle Master Plan 2003-2023</b>                          | <ul style="list-style-type: none"> <li>• Establishes need for quality and maintenance of the cycle network:               <ol style="list-style-type: none"> <li>1. Highest priority; safe routes to schools and linear parks</li> <li>2. Ensures safe crossing points when intersecting with roads</li> <li>3. Improves regional cycle links</li> </ol> </li> <li>• Identifies educational, promotional and enforcement programs (Bike User Groups (BUG), local newspaper, bicycle maintenance courses, route maps, Tour Down Under, council education and participation).</li> </ul>   |   |   |   |   |
| <b>DRAFT Mount Barker, Littlehampton and Nairne Structure Plan</b> | <ul style="list-style-type: none"> <li>• Promotes the design of accessible and well-connected places:               <ol style="list-style-type: none"> <li>1. Establishes greenways and a network of pedestrian and cycle routes (town centre and regional trails)</li> <li>2. Develops urban design conditions that encourage people to walk further, travel by bike or public transport.</li> </ol> </li> <li>• Promotes a coherent urban system:               <ol style="list-style-type: none"> <li>1. Walkable neighbourhoods, new residents in proximity to services (social infrastructure) and public transport</li> <li>2. Improves existing open space, includes facilities for active recreation, and develops a major community and sports hub.</li> </ol> </li> <li>• Promotes local employment and educational access, promotes the area as a local/regional tourist destination.</li> <li>• Aims to re-establish natural waterways and wetlands to manage stormwater quality and extreme weather events such as flooding.</li> <li>• Identifies the need for solutions to noise and air quality (where applicable) and existing site contamination.</li> <li>• Identifies that emergency services should be located to minimise response times.</li> </ul>   |   |   |   |   |

| Plan  | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <b>Nairne Township Master Plan 2013</b>                   | <ul style="list-style-type: none"> <li>• Encourages economic development (local tourism, markets, and events).</li> <li>• Provides for additional services for the existing and potential growth of the community (recreation, government, public transport, pedestrian/cycling connectivity).</li> <li>• Identifies need for a community meeting space within the Nairne town centre.</li> <li>• Provides for flexible housing needs (youth, disadvantaged groups).</li> <li>• Identifies Nairne as a high bushfire area:               <ol style="list-style-type: none"> <li>1. Consideration should be given to potential railway line barriers</li> <li>2. Evacuation centres and local vegetation management</li> <li>3. Emergency services and location</li> <li>4. Local constraints to being 'bushfire ready'</li> <li>5. A coordinated regional response.</li> </ol> </li> <li>• Promotes water management and WSUD solutions to flooding within the town from local creeks.</li> <li>• Identifies impact of the increased use of the rail corridor (increased noise, safety).</li> </ul>  |   |   |   |   |
| <b>Mount Barker Environmental Action Plan 2003 - 2006</b> | <ul style="list-style-type: none"> <li>• Identifies the need for monitoring programs/management plans for major parks and reserves to maintain quality.</li> <li>• Encourages the increased use of public transport/walking/cycling as a way to reduce greenhouse gas emissions.</li> <li>• Promotes working with schools and community groups on re-vegetation projects for public land.</li> <li>• Provides for appropriate trails/ signage within parks to minimise the impact of recreational activities on biodiversity.</li> <li>• Identifies appropriate times for vegetation removal to reduce fire risk, education of community.</li> <li>• Coordinates strategic management of pest animals and diseases with landowners surrounding parks.</li> <li>• Ensures that a qualified consultant adequately assesses sites identified as contaminated.</li> </ul>  |   |   |   |   |
| <b>DCMB Climate Change Adaptation Report 2010</b>         | <ul style="list-style-type: none"> <li>• Identifies the potential increase in use of shopping centre during extreme temperature events as a community place to stay cool/warm.</li> <li>• Identifies that extreme weather events will impact on vegetation (significant trees), buildings and infrastructure, recreation facilities (ovals).</li> <li>• Increases Council response to:               <ol style="list-style-type: none"> <li>1. Higher populations of vermin/pests during the warmer season (mice, rats, wasps, mosquitos)</li> <li>2. Food related health issues arising from food premises (food spoilage, disease, pests)</li> <li>3. Waterway health (increased algal growth, eutrophication, decomposition of vegetation)</li> <li>4. Vector-borne diseases.</li> </ol> </li> <li>• Identifies the potential for Mount Barker to become an isolated community due to peak oil (future transport issues).</li> <li>• Identifies the potential for individuals within the community to become isolated due to extreme weather events leading to a loss of community connection and individual economy.</li> <li>• Increases preparation for extreme bushfire events:               <ol style="list-style-type: none"> <li>1. Adequate water supply (new development)</li> <li>2. Higher level of building compliance in prone areas</li> <li>3. Management of potential fuel vegetation</li> </ol> </li> </ul> |   |   |   |   |

| Plan   | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <p><b>Integrated Water Management Plan for Mount Barker, Littlehampton, Nairne and Callington 2012 AND Integrated Water Management Plan for the Rural Community of Hahndorf 2012</b></p> | <ul style="list-style-type: none"> <li>• Improves infrastructure to manage future flooding risks resulting from increased population and extreme weather events.</li> <li>• Identifies need for increased wastewater treatment as the current wastewater treatment plant is near capacity.</li> <li>• Improves water security:               <ol style="list-style-type: none"> <li>1. Increases the diversity of water sources.</li> <li>2. Maintains water quality</li> <li>3. Increases filtration and re-use of wastewater, through wetlands and swales, leads to the conservation of the potable water supply.</li> </ol> </li> <li>• Identifies the need to re-use waste water to maintain public space (vegetation, ovals) and supports irrigation for local industry. Use of WSUD.</li> </ul>  |   |   |   |   |
| <p><b>Hills Positive Ageing Strategy 2020 – DCMB Action Plan</b></p>   | <ul style="list-style-type: none"> <li>• Improves the provision of community transport and access to health services.</li> <li>• Identifies the need to design existing/new infrastructure that takes aged users into account (pedestrian, gophers).</li> <li>• Improves options for aged people to stay at home longer:               <ol style="list-style-type: none"> <li>1. Improves provision of in-home care and home maintenance services</li> <li>2. Identifies opportunities to provide a variety of housing options for aged people.</li> </ol> </li> <li>• Promotes ongoing participation in regional collaboration to provide a coordinated response.</li> <li>• Identifies the need to collaborate with service providers to investigate the feasibility of providing a focus for older people and their carers using an holistic community development model (social, transport, economic, environmental)</li> </ul>  |   |   |   |   |
| <p><b>DRAFT Open Space, Recreation and Public Realm Strategy 2013</b></p>  | <ul style="list-style-type: none"> <li>• Increases and upgrades public space, sports and recreation facilities across the Council area.</li> <li>• Public realm and township:               <ol style="list-style-type: none"> <li>1. Integrates public art and cultural diversity into the public realm to reinforce township character and heritage</li> <li>2. Plans for appropriate streetscapes (shade trees)</li> </ol> </li> <li>• Sport and recreation:               <ol style="list-style-type: none"> <li>1. Identifies the potential for regional level facilities (community and sports hub, aquatic centre, larger destination parks).</li> <li>2. Promotes accessibility and quality of facilities for a range of people (youth, aged)</li> <li>3. Explores additional sport and recreation options (equestrian, adventure play).</li> <li>4. Upgrades existing facilities (lawn bowls, croquet, indoor facilities)</li> <li>5. Identifies opportunities for dog parks</li> <li>6. Identifies opportunities for key recreation parks to host community events.</li> </ol> </li> <li>• Connections and buffers:               <ol style="list-style-type: none"> <li>1. Establishes quality and connection of existing trails (Laratinga developed as a major trail)</li> </ol> </li> <li>• Identifies connections between key locations and recreation facilities</li> <li>• Overall this plan increases opportunities for healthy living and being active through the provision of high quality, functional sport and recreation facilities and open space. Identifies the provision of programs and initiatives the support the provision of physical infrastructure.</li> <li>• Manages sustainable environments (natural areas, watercourse rehabilitation, WSUD, shade trees, green infrastructure)</li> </ul> |   |   |   |   |

## Alexandrina Council Plans

1. Stronger & healthier communities and neighbourhoods (creating better and safer places to live, infrastructure, connectedness, volunteers, health planning)
2. Increasing opportunities for healthy living, healthy eating and being active (alcohol and tobacco strategies, OPAL, healthy food, reduced obesity)
3. Preparing for climate change (natural environment value and management, landscape, buildings, extreme weather response)
4. Sustaining and improving public and environmental health protection (food safety, immunisation, emergency management, environmental factors e.g. air quality, noise)

| Plan  | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <b>Alexandrina Council<br/>Community<br/>Strategic Plan 2014 -<br/>2023</b> | <ul style="list-style-type: none"> <li>• Alexandrina Council aspires to innovate throughout the region:               <ol style="list-style-type: none"> <li>1. Increases and strengthens existing local economy</li> <li>2. Expands and renews community infrastructure</li> <li>3. Attracts external infrastructure investment and development (technological).</li> </ol> </li> <li>• Aims to activate public space: create accessible public spaces; increase quality of recreation and open spaces.</li> <li>• Strategic priority Fleurieu transport and trail network.</li> <li>• Promotes participation in wellbeing:               <ol style="list-style-type: none"> <li>1. Protects public health and the wellbeing of the broader community</li> <li>2. Matches local wellbeing needs to funds and partnership opportunities across government, non-government and private sectors</li> <li>3. Utilises existing community facilities better.</li> <li>4. Maintains a high-performing organisation engaged in community engagement and civic participation.</li> </ol> </li> <li>• Aims to activate public space: increase arts, culture and creative activities. Encourages community sport and recreation ventures.</li> <li>• Promotes participation in wellbeing: encourages community participation (all age groups).</li> <li>• Aims to thrive in 'clean, green futures':               <ol style="list-style-type: none"> <li>1. Explores a range of waste management opportunities</li> <li>2. Promotes climate-suitable community buildings and assets</li> <li>3. Supports water efficiency.</li> </ol> </li> <li>• Develops climate ready communities:               <ol style="list-style-type: none"> <li>1. Identifies nature of local vulnerability</li> <li>2. Prepares for climate change impacts (sea level rise, reduced rainfall, increased temperatures).</li> </ol> </li> <li>• Encourages 'Grow, Eat, Share' initiatives:               <ol style="list-style-type: none"> <li>1. Encourages dwelling based edible gardens</li> <li>2. Promotes eating local produce</li> <li>3. Establishes regional produce market trails</li> <li>4. Supports and protects local agricultural land</li> </ol> </li> </ul> |   |   |   |   |

| Plan   | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <b>Alexandrina Business Plan 2013 - 2014</b> | <ul style="list-style-type: none"> <li>• Facilitates effective communication, engagement and public relations between Council and community.</li> <li>• Support the training and development of youth leaders (Local Government internship).</li> <li>• Investigates, plans and implements strategic infrastructure contributing to community needs and local and regional economic development.</li> <li>• Coordinates and supports community development programs and networking initiatives.</li> <li>• Monitors and supports the outcomes and collaborative programs initiated through the Fleurieu Regional Community Service Advisory Committee, the Southern Fleurieu Positive Ageing Taskforce and the Adelaide Hills Positive Ageing Taskforce.</li> <li>• Monitors and supports local community transport schemes and advocates for regional public transport options.</li> <li>• Coordinates early intervention and support services for families across the region.</li> <li>• Provides equitable, accessible and appropriate services and facilities through Home and Community Care programs within townships.</li> <li>• Delivers the OPAL programs to encourage healthy eating and activity patterns in children.</li> <li>• Provides planning, development and coordination of services, facilities, projects and programs for youth development and retention across the region.</li> <li>• Implements initiatives to ensure optimum effectiveness and efficiency of Community Wellbeing services.</li> <li>• Undertakes the initial planning and consultation for Fleurieu regional Aquatic Centre and sporting and recreation precinct in Goolwa North.</li> <li>• Final development of Strathalbyn Skate Park.</li> <li>• Ensures Council owned community public convenience facilities are serviced and maintained</li> <li>• Delivers efficient and effective recreation and open space reserves, footpaths and cycle tracks.</li> <li>• Advocates and coordinates arts and cultural facilities, experiences and services for residents and visitors (exhibitions, shows, events, and activities).</li> <li>• Supports the Australian Council Cultural Places Pilot Program – embedding arts and culture throughout Council and community.</li> <li>• Advocates for equitable, accessible community development programs and initiatives provided through Milang and Clayton Bay Community Care.</li> <li>• Integrates with the State strategic events with Council programs.</li> <li>• Promotes and supports local Council funded festivals and events that benefit the region economically.</li> <li>• Delivers an effective and efficient operational environmental health service (food safety, waste water management, communicable disease prevention).</li> </ul> |   |   |   |   |

| Plan  | How have you responded to HEALTH in the plan  | 1 | 2 | 3 | 4 |
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| <b>DRAFT Environmental Action Plan 2014 - 2018</b>                            | <ul style="list-style-type: none"> <li>• Engages the community and develops partnerships: educates and involves local community in biodiversity conservation efforts.</li> <li>• Works with Traditional Owners to build awareness and understanding of, and to protect and promote, Aboriginal connection to country.</li> <li>• Supports local food projects delivered by the OPAL program.</li> <li>• Identifies the likely impacts of Climate Change at a local level:               <ol style="list-style-type: none"> <li>1. Identifies climate-related risks and opportunities for Council assets, operations and services</li> <li>2. Builds resilience within the local community.</li> </ol> </li> <li>• Protects water resources:               <ol style="list-style-type: none"> <li>1. Manages and prepares for incidents of drought and flooding</li> <li>2. Promotes the use of WSUD</li> <li>3. Re-uses storm and waste water</li> <li>4. Establishes healthy water ways</li> </ol> </li> <li>• Increases fire management through the reduction of potential fuel vegetation with minimal harm to native vegetation.</li> <li>• Promotes sustainable food:               <ol style="list-style-type: none"> <li>1. Improves existing farmers markets</li> <li>2. Integrates edible plants and trees into township parks, play-spaces and streetscapes</li> <li>3. Establishes additional community gardens</li> </ol> </li> </ul> |   |   |   |   |
| <b>Alexandrina Council Public and Environmental Emergency Management Plan</b> | <ul style="list-style-type: none"> <li>• Identifies the Alexandrina Council’s environmental health responsibilities in an emergency (actions, providing community with information, communication and participation with other agencies).</li> <li>• Identifies emergency response within the areas of:               <ol style="list-style-type: none"> <li>1. Natural emergencies (bushfire, flood, storm)</li> <li>2. Essential service disruption</li> <li>3. Contaminated food and drinking water (biological, chemical, physical)</li> <li>4. Infectious disease outbreak (gastrointestinal, Ross River, Legionnaires, Endemic, Zoonotic)</li> <li>5. Vaccine-preventable illness/disease outbreak (meningococcal, hepatitis A, measles, pandemic influenza)</li> <li>6. Emergency incident arising out of a mass gathering event</li> <li>7. Hazardous materials incident (fires and explosions with hazardous materials, soil contamination, industrial chemical spills, disposal of toxic wastes, other spills)</li> <li>8. Other environmental health risks (blue-green algae, wastewater treatment and septic tanks, recycled water)</li> <li>9. Radiological incident (transport of industrial and medical materials, waste disposal)</li> <li>10. Chemical, Biological, Radiological (CBR) incident (chemical warfare, anthrax, smallpox, explosions containing radiological substance)</li> </ol> </li> </ul>                       |   |   |   |   |

| Plan   | How have you responded to HEALTH in the plan  | 1 | 2 | 3 | 4 |
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| <b>Alexandrina Council Public and Environmental Health Management Plan 2006-2009</b> | <ul style="list-style-type: none"> <li>• Maintains an appropriate level of assisted care and living standards for residents of Supported Residential Facilities (SFR). Identify community groups in need of subsidised housing (aged, disabled, general).</li> <li>• Provides for technical assistance into environmental, health and safety requirements for reserves and public amenities.</li> <li>• Promotes the PEHMP becoming an integral part of the Alexandrina Council decision-making process for new and on-going activities.</li> <li>• Engages in forward planning for potential health impacts, public health projects and disaster planning.</li> <li>• Maintains and expands professional networks, student training, youth and aged participation.</li> <li>• Investigates a regional response to health.</li> <li>• Encourages healthy eating in the community through the development of an information kit.</li> <li>• Maintains a comprehensive range of health education and promotion material that is readily accessible.</li> <li>• Ensures the observance of appropriate food safety standards (hygiene, storage, handling), ensure that all food premises are registered and informed on food safety. Maintains an appropriate response to food safety (food poisoning, food subject to recall, food sample analysis)</li> <li>• Ensures the safety of public swimming and spa pools (water disinfection, maintenance, staff training).</li> <li>• Minimises the potential for airborne transmission of Legionnaires disease; register, maintain and inspect cooling towers and warm water systems.</li> <li>• Controls mosquitoes within the area to minimise the potential for disease transmission. Controls European wasps within the area. Limits and controls the level of pest and vermin in the community.</li> <li>• Minimises the incidence and prevalence of infectious diseases (record all vaccinations, immunisation programmes in schools, workplace, emergency services, 3 council employed immunisation nurses).</li> <li>• Decreases potential public health risk from needle stick injuries (collection, disposal).</li> <li>• Ensures potable water quality and supply (infrastructure, community concern, contamination response).</li> <li>• Ensures required standard of waste management (liquid, solid, hazardous, commercial). Manages noise pollution so they remain within EPA guidelines (industrial, domestic).</li> <li>• Reduces the level of risk to community and environment from contaminated land sites.</li> </ul> |   |   |   |   |
| <b>STARCLUB Field Officer Program Strategic Plan 2012 - 2015</b>                     | <ul style="list-style-type: none"> <li>• Facilitates partnerships to promote and develop sport and recreation options.</li> <li>• Participates in regular professional development opportunities.</li> <li>• Develops initiatives to recruit and retain volunteers in the region.</li> <li>• Engages clubs in utilising STARCLUB club development program; provide training and development opportunities (coaches, officials, volunteers)</li> <li>• Identifies the sports and recreation needs of the community, increase new and existing members awareness of opportunities, resources available and benefits. Increases overall participation in sports and recreation.</li> </ul>   |   |   |   |   |

| Plan   | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <b>Obesity Prevention and Lifestyle (OPAL) Project Management Sheets</b><br><b>13<sup>th</sup> February 2014</b> | <ul style="list-style-type: none"> <li>• Guides and informs Council on emerging recreation trends to aid in the development and upgrade of community facilities and open space areas.</li> <li>• Facilitates a number of initiatives (events, education, some input into infrastructure) which promote healthy eating, sports and recreation especially in youth and families.</li> </ul>  |   |   |   |   |
| <b>Goolwa Town Plan GO - 2030</b>  | <ul style="list-style-type: none"> <li>• Identifies a number of desired developments:               <ol style="list-style-type: none"> <li>1. New educational facilities</li> <li>2. Community services hub - key community services located on one area.</li> <li>3. Cultural precinct (arts, events, heritage)</li> <li>4. Recreational and sporting facilities</li> </ol> </li> <li>• Identifies the need for accessible public transport. Develops an integrated cycling and walking network. Integrates the green trail network within the Town. Links key locations (River, schools, Main Street, residential, recreation).</li> <li>• Integrates all aspect of the community:               <ol style="list-style-type: none"> <li>1. Volunteer, youth and aged involvement</li> <li>2. Sharing of resources and knowledge</li> <li>3. Community organisations, activities and events</li> <li>4. Volunteer groups to be involved with the development and application of a 'Main Street Urban Design Strategy'</li> </ol> </li> <li>• Promotes economic opportunities (tourism, retail, commercial).</li> <li>• Promotes and develops Goolwa as an example of 'Cittaslow' (a management system which focuses on the local culture of a town).</li> <li>• Develops a 'greening Goolwa' strategy involving community participation in planting and maintaining public vegetation.</li> <li>• Improves water conservation and quality (re-use of waste water for public vegetation).</li> <li>• Integrates the Wetlands system to connect with other open space. Wetlands protected as part of RAMSTAR (international agreement).</li> <li>• Restricts building on the flood plain</li> </ul> |   |   |   |   |

| Plan   | How have you responded to HEALTH in the plan  | 1 | 2 | 3 | 4 |
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| <b>Strathalbyn Town Plan 2020</b>                | <ul style="list-style-type: none"> <li>• Improves the provision of services relating to:               <ol style="list-style-type: none"> <li>1. Health care</li> <li>2. Primary and secondary education, childcare</li> <li>3. Aged care</li> <li>4. Public transport</li> <li>5. Crime prevention</li> <li>6. Sport, culture and recreation</li> </ol> </li> <li>• Improves existing linear parks; develops a walking/cycling link between key locations within the town. Improves existing parks and recreation facilities; identifies the potential to expand these.</li> <li>• Promotes economic development (retail, Antique Town, light industry, tourism)</li> </ul>  |   |   |   |   |
| <b>Goolwa Recreation and Open Space Strategy</b> | <ul style="list-style-type: none"> <li>• Specifies that public open space should be designed to accommodate multiple uses providing activity and relaxation (plazas, adventure playgrounds, multi-use courts, dog parks).</li> <li>• Promotes accessibility between public spaces for walking, cycling and gophers.</li> <li>• Establishes that crime prevention is a key component in design and specifies incorporating Crime Prevention Through Environmental Design (CPTED) principles.</li> <li>• Maintains connections across the Fleurieu region (regional provision of sports and recreational facilities). Develops an integrated recreation and open space hub.</li> <li>• Plans quality open spaces, which suits the current and future needs across the community. Identifies that the design of open space to include adequate shade trees, lighting etc.</li> <li>• Overall this plan increases opportunities for healthy living and being active through the provision of high quality, functional sport and recreation facilities and open space. Identifies the provision of programs and initiatives the support the provision of physical infrastructure.</li> </ul> |   |   |   |   |

## District Council of Yankalilla Plans

1. Stronger & healthier communities and neighbourhoods (creating better and safer places to live, infrastructure, connectedness, volunteers, health planning)
2. Increasing opportunities for healthy living, healthy eating and being active (alcohol and tobacco strategies, OPAL, healthy food, reduced obesity)
3. Preparing for climate change (natural environment value and management, landscape, buildings, extreme weather response)
4. Sustaining and improving public and environmental health protection (food safety, immunisation, emergency management, environmental factors e.g. air quality, noise)

| Plan  | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <b>DC Yankalilla Strategic Plan 2012 - 2016</b> | <ul style="list-style-type: none"> <li>• Optimises the health of the community and fosters the ability to participate in community life.</li> <li>• Provides for public and environmental health services. Facilitates the provision of health and related services, and family supported services within the district.</li> <li>• Promotes quality of life for the disabled and aged; provide and promote services and facilities, provide community transport for disadvantaged residents, provide appropriate housing options, facilitate networking.</li> <li>• Enhances education and communication within the community (digital literacy).</li> <li>• Directs the future development of the township to facilitate and active lifestyle.</li> <li>• Encourages youth participation in the Youth Advisory Committee, supports the development and leadership of youth. Provides appropriate and accessible facilities and activities, supports training and employment programs for youth.</li> <li>• Improves the provision of sport and recreation facilities. Develops parks and playgrounds, manages and maintains Council's parks, gardens and open space. Plans for the development of bike trails and walking tracks</li> <li>• Supports and promotes volunteers and assist in attracting new volunteers.</li> <li>• Enhances public safety and wellbeing (animal management, street lighting).</li> <li>• Supports a strong diverse tourism, rural and commercial economy.</li> <li>• Promotes a governance system that represents a balanced view within the community and engages in community engagement.</li> <li>• Promotes recreation sporting and leisure activities within the District.</li> <li>• Ensures the efficient use and integrated management of water resources; stormwater, re-use of water, education.</li> </ul> |   |   |   |   |

| Plan  | How have you responded to HEALTH in the plan  | 1 | 2 | 3 | 4 |
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| <b>DRAFT Strategic Directions Issues Paper 2013</b>                   | <ul style="list-style-type: none"> <li>• Aims to improve economic security through identifying primary production land within the District (small and large agriculture).</li> <li>• Aims to increase economic development through tourism.</li> <li>• Provides for the redevelopment of the towns within the District:               <ol style="list-style-type: none"> <li>1. Provision of infrastructure and services</li> <li>2. Provision of open space and public facilities</li> <li>3. Minimising impact on local water courses</li> </ol> </li> <li>• Identifies the potential to extend existing walking and bike trails.</li> <li>• Recommends changes needed in the Development Plan to facilitate desired</li> <li>• Aims to conserve existing natural environments.</li> </ul>  |   |   |   |   |
| <b>DC Yankalilla Business Plan 2013 - 2014</b>                        | <ul style="list-style-type: none"> <li>• Continues to provide the core council services:               <ol style="list-style-type: none"> <li>1. Managing basic infrastructure (roads, footpaths, parks, public open space, street lighting, stormwater)</li> <li>2. Waste disposal</li> <li>3. Various environmental health services</li> </ol> </li> <li>• Provides additional services and programs:               <ol style="list-style-type: none"> <li>1. Library &amp; community centre</li> <li>2. Community programs</li> <li>3. Community transport</li> </ol> </li> <li>• Provides for a vibrant, cohesive, diverse community providing a health, quality lifestyle (assisting the roll out of the National broadband network).</li> <li>• Provides for strong, diverse tourism, rural and commercial economy (develops a new role of economic development/tourism officer).</li> <li>• Maintains and enhances our natural environment complimented by sympathetic buildings, facilities and activities (installation of underground irrigation recreation upgrade).</li> <li>• Provides leadership, good governance, and efficient, effective and responsive Council services (ongoing).</li> </ul> |   |   |   |   |
| <b>DRAFT Yankalilla, Normanville and Carrickalinga Structure Plan</b> | <ul style="list-style-type: none"> <li>• Develops shared path (walking/cycling) connections between the towns and within the towns (linear paths, coastal path).</li> <li>• Increases the amount of dedicated open space within and between the three towns.</li> <li>• Promotes retail economic development, creating additional employment opportunities.</li> <li>• Provides for greater housing choice and mobility for older residents.</li> <li>• Locates people close to existing infrastructure and services</li> <li>• Identifies a need for improved stormwater infrastructure and use of WSUD to manage potential flood events.</li> </ul>   |   |   |   |   |

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| <b>DC Yankalilla Social Plan 2009 - 2014</b>     | <ul style="list-style-type: none"> <li>• Provides for community members to have access to a range of transport options within and outside of the district. Identifies the need for innovative solutions (such as linking residents with similar needs) as well as public transport.</li> <li>• Ensures that access is a priority consideration in the planning and implementation of all new infrastructure/works initiatives within the district to support people with limited mobility.</li> <li>• Identifies the need for the community to have access to a greater range of educational opportunities.</li> <li>• Provides for the provision of emergency and affordable housing options for those who need them (youth, elderly).</li> <li>• Supports young people to take on leaderships roles within the community through the participation in the Youth Advisory Committee and youth events and the development of cross-generational mentoring programs.</li> <li>• Develops a community that has access to crucial services within the local area and that facilities and infrastructure meet the needs of the community.</li> <li>• Supports the elderly in remaining in their homes, “aging in place,” and improves the HACC Home Assist program.</li> <li>• Support the role and services for carers in the area.</li> <li>• Develops a community that is informed about the availability of services both locally and regionally.</li> <li>• Develops a community that have the opportunities to engage in activities that improve health and well-being.</li> </ul> |   |   |   |   |
| <b>DC Yankalilla Animal Management Plan 2013</b> | <ul style="list-style-type: none"> <li>• Increases public safety through the reduction of public and environmental nuisance caused by dogs and cats (barking dogs, dog attacks/harassment, dog faeces).</li> <li>• Encourages the enjoyment and benefits people derive from dogs and cats; facilitate dog and cat activity days for owners.</li> <li>• Provides for suitable on- and off-leash activity areas.</li> <li>• Encourages the community to report all dog attacks and harassments to Council.</li> </ul>  |   |   |   |   |
| <b>Yankalilla Strategic Tourism Plan</b>         | <ul style="list-style-type: none"> <li>• Supports the increase of tourism based economic activities. Identifies the need to establish community accepted goals and guidelines for tourism development.</li> <li>• Manages key natural areas to support recreational and adventure activities that enhance and promotes healthy lifestyles (beaches, waterways).</li> <li>• Supports and encourages the development of tourism facilities, events and programs which enhance the recreational experience and cultural vibrancy of the community. Supports cultural experiences such as tours, events, arts and other creative pursuits.</li> </ul>  |   |   |   |   |

## Victor Harbor Council Plans

1. Stronger & healthier communities and neighbourhoods (creating better and safer places to live, infrastructure, connectedness, volunteers, health planning)
2. Increasing opportunities for healthy living, healthy eating and being active (alcohol and tobacco strategies, OPAL, healthy food, reduced obesity)
3. Preparing for climate change (natural environment value and management, landscape, buildings, extreme weather response)
4. Sustaining and improving public and environmental health protection (food safety, immunisation, emergency management, environmental factors e.g. air quality, noise)

| Plan   | How have you responded to HEALTH in the plan  | 1 | 2 | 3 | 4 |
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| <b>Recreation and Open Space Study vol 2 – Strategic directions 2007</b> | <ul style="list-style-type: none"> <li>• Provides space for sporting activities and improves the quality and function of facilities. Identifies the potential for combining facilities into a sporting complex (football, cricket, tennis, netball).</li> <li>• Plans for indoor and aquatic facilities. Supports outdoor aquatic settings and facilities linked to the beaches and Encounter Lake.</li> <li>• Enhances the quality, appeal and accessibility of recreation open space and related facilities. Provides quality open space that maintains the unique character of the area.</li> <li>• Identifies the need for an increase of public open space within Victor Harbor, investigates the development of a recreation park that links with the existing Wetlands.</li> <li>• Develops community spirit and increases community awareness, involvement and sense of belonging through open space and recreation initiatives.</li> <li>• Enhances facilities that cater for older people (lawn bowls, golf).</li> <li>• Improves the provision of recreation facilities and open space for children (playgrounds) and youth (skate/BMX parks).</li> <li>• Supports water based activities (boating, sailing, surf life-saving) to strengthen the coastal value of Victor Harbor.</li> <li>• Establishes an integrated community facility that provides a focus for families, young people and older people.</li> <li>• Strengthens the established trail network across the council area.</li> <li>• Promotes economic development through strengthening the tourism value of open space.</li> <li>• Overall this plan increases opportunities for healthy living and being active through the provision of high quality, functional sport and recreation facilities and open space. Identifies the provision of programs and initiatives the support the provision of physical infrastructure.</li> <li>• Strengthens the community use of sporting facilities.</li> <li>• Increases the use of wastewater in the maintenance of sporting facilities, supporting water conservation goals.</li> <li>• Increases the use of trees to provide shading in extreme weather (heat).</li> </ul> |   |   |   |   |

| Plan  | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <b>Victor Harbor Urban Growth Management Strategy 2013 – 2030 AND Victor Harbor Community Plan 2022</b> | <ul style="list-style-type: none"> <li>• Develops a strong economy (retail, tourism, commercial), supports business links through partnerships and collaboration.</li> <li>• Provides for housing to meet current and future needs, encourages an increase in permanent residents, supports a range of housing types to meet a variety of needs (aged, youth, homeless people and people at risk of being homeless, emergency)</li> <li>• Identifies the need for a strong transport network, improves safe cycle, pedestrian and public transport networks. Ensures that street infrastructure such as footpaths meet disability needs in accordance with the Disability Discrimination Act.</li> <li>• Supports the provision of community transport (aged, youth, sick), supports transport initiatives to assist disadvantaged people to access essential services (medical).</li> <li>• Improves communication networks locally, interstate and overseas, increases access to information.</li> <li>• Improves access to higher education and skills development, promotes the development of locally required skills.</li> <li>• Supports coordination, collaboration and the effective provision of health and community services in the local areas and region. Increases access to government services.</li> <li>• Facilitates the increased use of existing public meeting places and identifies the need for future meeting places.</li> <li>• Develops crime prevention through the application of Crime Prevention Urban Design.</li> <li>• Recognises that land is needed for the increased provision of children’s services, aged services, places of worship, recreation, sporting and education facilities.</li> <li>• Improves access, lifestyle and information services for people with a disability</li> <li>• Ensures high quality open space and recreation facilities are provided and maintained, identifies the desire for linear parks, indoor recreation facilities and regional aquatic facilities.</li> <li>• Encourages programs that support new residents to develop connections with their local community, encourages festivals and community events which target involvement.</li> <li>• Promotes the development of volunteers</li> <li>• Supports arts, cultural events and festival activities designed to increase tourism and contribute to community interaction and identity.</li> <li>• Assists young people to make a positive contribution to the community through programs and places (entertainment, sport, recreation, art, culture and volunteering).</li> <li>• Develops the capacity of the community to identify and respond to its own needs, provides developmental support to community groups, stimulating community action and supporting the sector through liaison and advocacy.</li> <li>• Supports community groups involved in environmental projects.</li> <li>• Supports programs and activities which encourage participation in sports and recreation and which facilitates social interaction.</li> <li>• Encourages water conservation through water sensitive urban design, reduced water consumption and increased re-use of treated wastewater.</li> <li>• Constrains capital development in low-lying areas susceptible to sea level rise or flooding.</li> <li>• Builds community resilience to Climate Change risks.</li> <li>• Ensures a planned approach to the management and restoration of rivers and estuarine areas.</li> </ul> |   |   |   |   |

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| <b>Victor Harbor<br/>Business Plan 2013 -<br/>2014</b> | <ul style="list-style-type: none"> <li>• Continues to implement Council plans.</li> <li>• Supports business linkages through partnerships and collaboration:               <ol style="list-style-type: none"> <li>1. Develop combined ticketing opportunities</li> <li>2. Participate in the Fleurieu Peninsula tourism committee</li> </ol> </li> <li>• Plans for appropriate housing stock and diversity to meet current and projected needs (Better Development DPA)</li> <li>• Develops and maintains safe road, cycle and pedestrian corridors and networks:               <ol style="list-style-type: none"> <li>1. Work with the Disability Access Advisory Committee to identify and upgrade problem areas</li> <li>2. Continue footpath installation and improvement of new and existing infrastructure</li> <li>3. Bike path signage upgrade</li> </ol> </li> <li>• Provides, in partnership with Alexandrina Council, the Southern Communities Transport Scheme to assist transport disadvantaged people to access essential services.</li> <li>• Promotes safe communities (monitor and evaluate the town centre CCTV system).</li> <li>• Ensures high quality open space and recreation facilities are provided and maintained:               <ol style="list-style-type: none"> <li>1. Complete reserve and street furniture upgrade program</li> <li>2. Develop Soldiers Memorial Reserve</li> <li>3. Coordinate design and planning of the Fleurieu region Aquatic Centre with Alexandrina Council</li> <li>4. Completes design and commences construction of a dog park facility</li> </ol> </li> <li>• Completes the street tree planting program and streetscape enhancement program.</li> <li>• Supports volunteers through the provision of a volunteer referral service for residents and a Volunteer Week small grants program.</li> <li>• Maintains existing pedestrian/cycle links to ensure connectivity within the network.</li> <li>• Provides leadership, service delivery and organisational management. Engage with the community to identify their needs and expectations (website, service review)</li> <li>• Encourages improved reputation and business climate:               <ol style="list-style-type: none"> <li>1. Organise and stage the 2013 Whale Time/Play Time festival</li> <li>2. Implement the main street Christmas decorations project</li> <li>3. Organise and stage New Year eve celebrations</li> <li>4. Organise and stage the Horse Drawn Tram open day event</li> </ol> </li> <li>• Supports the development of the Fleurieu community foundation.</li> <li>• Supports the Families Taskforce to develop strategies that promote and facilitate easily accessible, targeted, and coordinated services for young people and families with children.</li> <li>• Increases awareness of local services through activities such as ‘Flourishing on the Fleurieu’.</li> <li>• Encourages programs that support new residents to become involved in the community.</li> <li>• Partners with local services and councils to deliver the STARCLUB field officer program.</li> <li>• Undertakes programmed stormwater drain maintenance and drain inlet upgrades as required.</li> <li>• Participates in the Fleurieu Bushfire Management Committee’s development of the regional bushfire plan.</li> </ul> |   |   |   |   |

| Plan  | How have you responded to HEALTH in the plan  | 1 | 2 | 3 | 4 |
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| <b>Environmental Management Plan 2010 - 2014</b>      | <ul style="list-style-type: none"> <li>• Ensures Coastal areas are protected and recreational, open space and biodiversity conservation areas are recognised.</li> <li>• Supports community engagement programs that encourage a sense of community stewardship towards local water environments.</li> <li>• Supports the formation and development of Coastal community groups and provides assistance and guidance for these groups.</li> <li>• Protects and enhances the water quality in our watercourses, estuaries, lakes and the marine environment. Reduces street pollution entering local waterways.</li> <li>• Conserves our valuable water resources to ensure future potable water supplies and environmental flows.</li> <li>• Identifies potential growth in rural areas and the potential impact on agricultural industry and natural environment.</li> </ul> |   |   |   |   |
| <b>Encounter Lakes Management Plan 2013</b>           | <ul style="list-style-type: none"> <li>• Ensures that the Lakes are tested and kept free from contamination (storm runoff, pesticides, animal excreta) so that sport and recreation activities can take place on the lake (swimming, limited water craft)</li> <li>• Ensures the maintenance and safety of all of the playground equipment provided within the area.</li> <li>• Ensures safety and management of roadways, traffic, on-lake landings, jetties and pontoons.</li> <li>• Establishes emergency procedures.</li> </ul>   |   |   |   |   |
| <b>Victor Harbor Boating Strategy 2004</b>            | <ul style="list-style-type: none"> <li>• Ensures the safety of the Victor Harbor boating community; identifies a potential need to upgrade existing Sea Rescue facilities.</li> <li>• Ensures an informed community that recognises the need for the proper and safe use of boating facilities and the Victor Harbor Coast.</li> <li>• Develops boating and surrounding infrastructure for the improved safety of boat users, bystanders and pedestrians.</li> </ul>  |   |   |   |   |
| <b>Footpath and Pedestrian Strategy 2011</b>          | <ul style="list-style-type: none"> <li>• Increases the directness and connectivity of footpaths, most roads should have some type of walking facility.</li> <li>• Improves equity of access and convenience for pedestrians, the needs of vulnerable road users such as children, elderly or disabled should be given priority.</li> <li>• Provides for links to public transport, recreational and health facilities, commercial areas and educational facilities.</li> <li>• Identifies the need for segregation of pedestrians and vehicular traffic increases with increasing vehicular volumes and speeds.</li> </ul>  |   |   |   |   |
| <b>Victor Harbor Traffic Management Strategy 2005</b> | <ul style="list-style-type: none"> <li>• Aims to improve road and pedestrian safety through the reduction of vehicular crashes and managing vehicular speeds. This plan identifies the road hierarchy (local, collector, distributor, and arterial) of the District and identifies how these roads should be managed in regards to physical infrastructure, traffic speeds, provisions for cycling and pedestrian movement.</li> <li>• Identifies the need to develop a pedestrian and cycling plan.</li> </ul>   |   |   |   |   |

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| <b>Victor Harbor Foreshore Coastal Park – Open Space Plan 2004</b>               | <ul style="list-style-type: none"> <li>• Develops an extensive coastal walk through the area (from The Bluff to Kings Head) and links the coastal walk into established regional walking trails.</li> <li>• Develops tourist facilities to support the redevelopment of the coastal trails.</li> <li>• Improves sport and recreational facilities along the coastal walk; provides additional boating and water sport facilities, petanque and tennis facilities.</li> <li>• Improves facilities for coastal walking and bird watching.</li> <li>• This plan increases the opportunities for being active through improving the function and amenity of the coast.</li> <li>• Improves the conservation of foreshore dunes as a buffer to high tide erosion.</li> </ul> |   |   |   |   |
| <b>DRAFT Tree Management Plan – Soldiers Memorial Gardens Victor Harbor 2013</b> | <ul style="list-style-type: none"> <li>• Details the condition and maintenance of existing trees within the Soldiers Memorial Gardens. Ensures the safety of park users and preserves the amenity of the facilities.</li> </ul>   |   |   |   |   |
| <b>Youth Strategy 2007 - 2010</b>  | <ul style="list-style-type: none"> <li>• Aims to increase the number of youth studying, working and living in the region.</li> <li>• Develops the sense of belonging through promoting community participation, including in decision-making, developing youth friendly and safe communities.</li> <li>• Increases education, training and employment opportunities.</li> <li>• Improves youth wellbeing through an increasing access to services, developing social, emotional, mental and physical health.</li> <li>• Improves youth participation in recreation, arts and culture. Provides for youth friendly spaces, opportunities for self-expression, creativity, social interactions and engaging activities.</li> </ul>  |   |   |   |   |
| <b>Victor Harbor – Railway Precinct Master Plan 2008</b>                         | <ul style="list-style-type: none"> <li>• Improves pedestrian movement through increasing pavement between buildings, improving footpaths, improving pedestrian links between key areas, provides equitable access through the use of ramps.</li> <li>• Promotes economic development through improving the entrances to tourist facilities, maximising potential in iconic buildings.</li> <li>• Provides for pedestrian comfort and amenity through increase in tree planting.</li> <li>• Improves the function and safety of how the train line interfaces with pedestrian movement.</li> <li>• Includes the use of art and culture through identifying locations where sculpture and interpretive experience walks could be included.</li> </ul>                     |   |   |   |   |

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| <b>Victor Harbor Town Centre Master Plan 2006</b> | <ul style="list-style-type: none"> <li>• Promotes local culture through incorporating public art into the signage and open space in the Town Centre.</li> <li>• Promotes economic development of the area through improving the key tourist destinations.</li> <li>• Improves the pedestrian realm and safety through improving footpaths, pedestrian crossings, how different modes of transport operate within one space, increasing street trees and increasing access to key locations.</li> <li>• Improves the Victor Harbor Bowling Club including, bowling greens, new clubrooms and hospitality facilities.</li> <li>• Develops a continuous foreshore promenade with integrated walkway and cycle path, beach access and rest areas, links to key locations.</li> <li>• Improves existing open space and confirms Victor Harbor as a family destination.</li> <li>• Develops the feasibility of a Regional Arts Centre that could include performance theatre, gallery space, meeting rooms, Aboriginal Cultural Centre, artist studios.</li> <li>• Develops organisational and a physical infrastructure to sustain and promote a range of major arts festivals and cultural events.</li> <li>• Develops stormwater management wetlands to improve water quality, improve coastal planting and dune management and enhance open space.</li> </ul> |   |   |   |   |

## Kangaroo Island Council Plans

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| Plan   | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <b>Kangaroo Island Plan – A Volume of the South Australian Planning Strategy 2011 - 2041</b> | <ul style="list-style-type: none"> <li>• Protects and builds on the Island’s strategic infrastructure.</li> <li>• Retains and strengthens the economic potential of the Island’s primary production land, local fishing and aquaculture industries and reinforce the Island as a preferred tourist destination.</li> <li>• Supports ecotourism and adventure- and nature- based tourism experiences.</li> <li>• Strategically plan and manage the growth of towns, provide for safe, healthy, accessible and appealing environments.</li> <li>• Provides for a land supply to establish diverse, affordable and sustainable housing to meet the needs of current and future residents and visitors.</li> <li>• Provides for a range of accommodation for older people and people with a disability, and focus high-level care accommodation in towns with health services.</li> <li>• Identifies the need to protect sites that have Aboriginal cultural significance and a guidance role in relation to native title and Indigenous Land Use Agreement requirements.</li> <li>• Enhances open space, trails, coastal landscapes, the marine environment, the foreshore, jetties and boat ramps.</li> <li>• Encourages active lifestyles by providing a range of open space, sport and recreation, walking and cycling facilities.</li> <li>• Provides for health, community and education facilities and services in suitable locations to provide equitable access to the community.</li> <li>• Develops safer towns by incorporating the principles of Crime Prevention Through Environmental Design.</li> <li>• Creates the conditions for the Island to adapt and become resilient to the impacts of climate change.</li> <li>• Ensures sustainable coastal development to preserve the environment and community interaction with it.</li> <li>• Protects the quality and function of water ecosystems by preventing adverse impacts of land use and development, makes the most efficient use of water in the built form. Ensures development retains natural watercourses and drainage patterns through buffers and WSUD.</li> <li>• Identifies the need to protect people, property and the environment from exposure to hazards.</li> <li>• Decreases the risk of loss of life and property from extreme bushfires through appropriate policies and buffers.</li> <li>• Identifies the need to protect human health and the environment where contamination has occurred.</li> <li>• Address risk, hazard and emergency management in strategic, development, structure and precinct plans.</li> </ul> |   |   |   |   |

| Plan   | How have you responded to HEALTH in the plan  | 1 | 2 | 3 | 4 |
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| <b>Kangaroo Island Strategic Management Plan 2010 - 2014</b> | <ul style="list-style-type: none"> <li>• Supports and improves recreation:               <ol style="list-style-type: none"> <li>1. Supports community groups in developing facilities that are multi-use centres for sports and recreation.</li> <li>2. Engages community to establish appropriate location/routes of bicycle paths</li> <li>3. Identifies key safe access pathways (beach access)</li> </ol> </li> <li>• Identifies opportunities to partner with other agencies to ensure the health and wellbeing of the Kangaroo Island community (educate residents, support KI community housing)</li> <li>• Encourages and supports youth and aged services on Kangaroo Island. Assists sourcing funding opportunities to support volunteers and community groups.</li> <li>• Develops Kangaroo Island's economic potential (tourism, population growth); supported through connections made with Kangaroo Island Tourism Optimisation Management Model (KI TOMM) and improved transport to the Island.</li> <li>• Provides for transport services for disadvantaged community members within budget constraints.</li> <li>• Improves community consultation, availability of public information.</li> <li>• Provides for street trees in accordance with legislative compliance requirements.</li> <li>• Partners with SA Water and DENR to understand water resources (quantity, quality, demand and supply).</li> <li>• Develops Kangaroo Island as a GMO-free agricultural producer.</li> <li>• Provides opportunities for all Kangaroo Island residents to have access to potable water supplies.</li> <li>• Educates, manages and develops Kangaroo Island bushfire risk management plan.</li> <li>• Prepares for an asbestos management and disposal plan.</li> </ul> |   |   |   |   |
| <b>Youth Strategy for Kangaroo Island 2010 - 2013</b>        | <ul style="list-style-type: none"> <li>• The overall aim of the plan is for an integrated, well informed, motivated and resourced Kangaroo Island community that supports its youth to become involved in pathways to education, employment and training and fully engaged in community life.</li> <li>• Facilitates communication with youth particularly those who are 'at risk' of disengaging and those who have disengaged through:               <ol style="list-style-type: none"> <li>1. Social networking and internet communications</li> <li>2. Youth representative groups on KI</li> </ol> </li> <li>• Identifies the need for networking and collaboration between all relevant stakeholders including the youth.</li> <li>• Aims to develop and deliver innovative, collaborative, community based programs and projects to address barriers to participation at community level (infrastructure) and individual level (personal).</li> </ul>  |   |   |   |   |

| Plan   | How have you responded to HEALTH in the plan   | 1 | 2 | 3 | 4 |
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| <b>Kangaroo Island Business Plan 2013 - 2014</b> | <ul style="list-style-type: none"> <li>• Improves and enhances public consultation and interaction with the community. Provides good governance that is transparent, equitable and accountable.</li> <li>• Aims to identify issues relating to Island access via ferry and airport.</li> <li>• Manages and maintains community facilities, council assets and community land in accordance to best practice:               <ol style="list-style-type: none"> <li>1. Assists CEO with a range of strategic and asset/land projects</li> </ol> </li> <li>• Ensures provision of safe and appropriate recreation infrastructure for the community:               <ol style="list-style-type: none"> <li>1. Additional water tanks for camp grounds</li> <li>2. Cleaning and maintenance activities to be outsourced</li> <li>3. Maintenance programmed (parks/garden &amp; lookouts, playgrounds, ovals &amp; sporting facilities, council pool)</li> </ol> </li> <li>• Assists in ensuring the health and wellbeing of the Kangaroo Island community:               <ol style="list-style-type: none"> <li>1. Continued environmental health activities – inspections</li> <li>2. Community education</li> <li>3. Continue Community Partnership Grants Scheme</li> <li>4. Become responsible for the delivery of the Youth Advisory Council</li> </ol> </li> <li>• Ensures the maintenance and safety of various identified roads across the Island.</li> <li>• Undertakes an investigation to establish pedestrian generators database within major townships.</li> <li>• Continues community education and fire protection works.</li> </ul> |   |   |   |   |
| <b>Kingscote Urban Design Framework 2005</b>     | <ul style="list-style-type: none"> <li>• Develops Kingscote as the principle township in the Island:               <ol style="list-style-type: none"> <li>1. Includes a major shopping and commercial precinct</li> <li>2. Focuses on tourism and hospitality economic development</li> <li>3. Develops the Wharf precinct which retains and enhances existing recreation space, improves pedestrian links between the town centre and wharf, creates a well-defined public space which is the ideal site for an iconic and central tourist attraction.</li> </ol> </li> <li>• Improves the quality of existing open space and develops linear trail links between them.</li> </ul>  |   |   |   |   |
| <b>Penneshaw Urban Design Framework 2005</b>     | <ul style="list-style-type: none"> <li>• Develops a walking trail that connects open space and important assets of the town.</li> <li>• Develops and enhances key areas of open space (foreshore, wharf).</li> <li>• Creates new public spaces within the town to promote destination/gathering spaces.</li> <li>• Capitalises on the tourism economy, provides services and facilities to meet tourist needs.</li> <li>• Creates a town square which:               <ol style="list-style-type: none"> <li>1. Establishes pedestrian friendly area.</li> <li>2. Creates a flexible public space which could be used as an exhibition space to reinforce arts and cultural identity.</li> </ol> </li> </ul>  |   |   |   |   |

| Plan   | How have you responded to HEALTH in the plan  | 1 | 2 | 3 | 4 |
|--|---|---|---|---|---|
| <b>Parndana Urban Design Framework 2005</b>                              | <ul style="list-style-type: none"> <li>• Develops a walking trail that connects open space and important assets of the town.</li> <li>• Improves and integrates existing sports and recreation facilities.</li> <li>• Develops the Main Street to provide more facilities in one location; supports the commercial operators, provides open space, provides pedestrian comfort from street trees.</li> </ul>  |   |   |   |   |
| <b>American River Urban Design Framework 2005</b>                        | <ul style="list-style-type: none"> <li>• Develops a foreshore walking trail which connects key locations (wharf, open space, camping).</li> <li>• Develops the wharf as a significant tourist area with an emphasis on the area as a public space.</li> <li>• Improves coastal swimming area.</li> <li>• Develops local tourist attractors and promotes economic development.</li> </ul>  |   |   |   |   |
| <b>Kangaroo Island Structure Plan 2014</b>                               | <ul style="list-style-type: none"> <li>• Increases economic growth in tourism through building the Island's core offering of wilderness, wildlife, environment, coast and farm-gate produce.</li> <li>• Improves tourist and leisure facilities such as a golf course, multi-day hiking and walking trails, cycling infrastructure and marine activities.</li> <li>• Improves tourist and local's access to the Island through expanding the airport facilities and improving access around the Island.</li> <li>• Increases economic growth in the agriculture sector through protecting and providing greater opportunities for existing and new ventures.</li> <li>• Preserves and protects existing land and marine environments, this is one of the key attractors to the Island.</li> <li>• Balances development in rural areas with adequate fire protection.</li> </ul> |   |   |   |   |
| <b>Kangaroo Island Children Services – Quality Improvement Plan 2013</b> | <ul style="list-style-type: none"> <li>• Aims to improve facilities for children on Kangaroo Island.</li> <li>• Develops healthy food idea for families (information booklet).</li> <li>• Improves physical activity for children inside and outside (purchase equipment).</li> </ul>   |   |   |   |   |



## **APPENDIX B**

### **ADDITIONAL DATA AND TREND ANALYSIS**

## S&HLGA Regional Public Health Plan

### FURTHER ANALYSIS OF TRENDS

#### *Ageing Population Impacts*

- The age profile characteristics of the S&HLGA Region indicate that some areas, particularly the Victor Harbor, Alexandrina and District Council of Yankalilla areas, could have pronounced health issues that are age related.
  - As people enjoy the benefits of longevity this also increases their chances of being exposed to illnesses and conditions that impact on their state of health and wellbeing. The longer people live the more chance there is of dying from an acquired or developing condition. Additionally, the longer people live the more likely it is that they will acquire or develop multiple morbidities, the impact of which when combined results in an exponential adverse impact on health.
  - As people age they become increasingly vulnerable to adverse outcomes given the body's ability to fight infection diminishes with age. Equally, the gradual diminution of function limits people's ability to fully participate in normal life-course events.
  - Chronic health conditions become more prevalent with age such as arthritis, respiratory dysfunction, musco-skeletal conditions and fragility, circulatory dysfunction, sensory loss and dementia. These are more closely related to a decrement in quality of life than as an individual cause of death.
  - A range of environmental and personal behaviour strategies are effective in limiting the adverse impact on quality of life of progressively debilitating chronic health conditions, such as physical exercise, activities that provide mental stimulation and opportunities for social interaction.
- The main causes of death for both men and women aged 65 and over are diseases of the circulatory system (37%), malignant neoplasms (40%) and diseases of the respiratory system (7%). The increase in prevalence of malignant neoplasms as the most common cause of death in older age groups is the most notable feature of mortality data in Australia over the last two decades.
  - The number of people with cancer is expected to continue to increase, with the number of new diagnoses predicted to increase faster than the rate of population growth. However, approximately one third of all cancer deaths in Australia are attributed to known, avoidable risk factors (AIHW 2002).

## *Social Connectedness and Community Involvement*

- Residents with work commitments in the metropolitan area and those that access child care, schooling, health services, government and private sector services in the metropolitan area, are at risk of having limited points of connection with local services and community activities. This can lead to less 'contact' time spent in the local community and less reliance on local services and supports within the community that contribute to a sense of belonging.
- People seeking more affordable housing or seeking a rural and town based alternative to living in the metropolitan area can include people facing financial hardship, unemployed people, single parent or blended families and people who have reduced prospects to achieve and maintain a higher standard of living. Services are either not accessed or are not available locally to provide the necessary supports to this population. Some families can become invisible to the community (seen but not involved) or withdraw from the community altogether.
- There is a trend towards middle aged and older people relocating to mostly coastal municipalities in anticipation of retirement. The increased distance away from family members and friends can result in reduced contact with familiar sources of social support and contact.
- The data and anecdotal evidence arising from the community consultations suggests that some people in the region are disinclined to participate in community activities. The advances in technology and provision of services remotely no longer require people to leave their home in order to access services. Technological advances have spawned new ways of communicating (and participating) that do not require physical association with others.

## *Alcohol and Other Drugs*

- Information from the community consultations revealed a level of concern regarding the prevalence of illicit drug activity in some areas of the S&HLGA region. In addition, health data identifies excessive alcohol consumption of young people and adults in some areas of the region. Prevalence of tobacco smoking is also higher than regional, state and national data in some parts of the Region.
- The amateurisation of illicit drug production (e.g. meth labs) is a concern identified in the SA's Alcohol and Other Drug Strategy. This could be an issue for some of the Council areas with isolated communities.
- Best practice models focus on harm minimisation and intervention activities that necessarily require a coordinated effort from government, non-government and private sector organisations. Local Government has an important role to play in contributing to this effort, particularly in relation to high risk groups such as:
  - Children exposed to family environments where excessive and/or prolonged use occurs
  - Youth where early onset consumption and 'binge' consumption is a particular concern
  - Adults where continued excessive use has definitive circulatory disease and other deleterious outcomes
  - Women of child bearing age where neo-natal neurological damage is a significant risk during pregnancy and during the child's early developmental period
- While the overall decline in smoking rates at state level is positive, trends in many risk factors and preventable diseases are rising and are projected to rise further. For example, alcohol-related harms are increasing, and heavy drinking among young adults is rising significantly.

The South Australian Alcohol and Other Drug Strategy 2011-2016 provides directions for responding to alcohol and other drugs. A summary of the focus of that strategy is included in Appendix A.

## *Mental Health*

- One in five people will experience a mental health issue in any 12 month period. Mental health conditions can be experienced by anyone regardless of their socio-economic status, level of education attained, income level or position within society.
- The health impact of mental illness can be exacerbated by the existence of adverse environmental, familial and co-existing health conditions. The resilience and coping mechanisms required to prevent and assist in the management of mental illness can be adversely impacted by genetic disposition, parental and familial support during early childhood, and the nature of the support available within the individual's personal support network.
- At the regional level, the S&HLGA does not present with a greater than expected level of predisposition or incidence of mental illness. However, issues have been identified through the consultation process, and are reflected in the data, where some municipalities have experienced a series of 'single accident' deaths and suspected suicide events and where some of these incidents have involved younger people. These events, perhaps inaccurately, have served as indicators of the state of mental health for some communities and have served to heighten community concern.
- As is the case for most health conditions that do not have direct genetically derived antecedents, mental health is preventable at both a primary and secondary level. Mental health is responsive to early intervention strategies and is treatable through a variety of medical and therapeutic interventions and techniques.
- The need for coordinated strategies at each level of prevention and intervention is clear. The range of factors that impact on an individual's mental health and wellbeing requires a broad, collaborative approach that seeks to align the efforts of federal and state governments, local government, non-government and not for profit organisations, local community groups, commerce, private organisations and church based groups at the local and regional level.
- A key focus should be to take a life stage approach to ensuring that the factors associated with positive growth and development in psychological well-being are developed as a priority. This includes:
  - Early childhood services should act to support the parental engagement and bonding necessary for positive early childhood development
  - Children's and family services should focus on supporting parents in providing the familial environment conducive to positive personal growth and resilience
  - Young adolescents need the activities and peer associations critical to the formation of positive relationships with others, puberty and transition from childhood behaviours
  - Adolescents and young adults need the levels of understanding of life changes associated with their developing perception of self, mixed sex peer group relationships, independence from parental input, the stresses imposed by educational attainment and fulfilling their own expectations or the expectations of others, exposure and experimentation with mind altering drugs, transition from educational pursuits to employment
  - Adults of childbearing age need the skills, support and guidance necessary to create a healthy environment for the family, psychological supports to assist with depression and anxiety disorders
  - Older adults need strategies that assist in maintaining positive relationships, managing cyclic depressive conditions and situational anxiety responses associated with major life events and changes.
- Although not a mental illness, conditions impacting on cognitive ability such as dementia and Alzheimer's disease can co-exist with mental health conditions such as anxiety and depression, bipolar disorders and schizophrenia. Good mental health combined with a physically and socially active lifestyle and a healthy diet helps reduce the risk of dementia and slows its progression in people who are already diagnosed.
- Evidence is emerging that healthy diet and prevention of diabetes and depression may be able to reduce the incidence of dementia (Alzheimer's Australia 2007; 2010).

## *Dietary Choices*

- For the S&HLGA region, data did identify some areas where the prevalence of obesity and overweight in some age groups is of concern. The incidence of weight issues is indicative of the choices that people make in both the quality and quantity of what is consumed, the extent and regularity of physical activity and the maintenance of healthy lifestyle behaviours.
- The *Eat Well be Active Strategy (2011-2016)* has the aim to increase the proportion of South Australians who eat a healthy diet, undertake regular physical activity and maintain a healthy weight. The Strategy places particular importance on the role of local government, which *'as major providers of community infrastructure and services to people who live, work, do business in and visit local council areas, councils already support South Australians to eat a safe and healthy diet and be active. Having more people physically active and eating a healthy diet is supported through council-led initiatives including sport and recreation facilities, community gardens, cycling and walking paths, libraries, open space, water fountains, recreation centres, youth and aged care services, and much more, helping to build stronger communities'*. The focus of the Strategy is included in Appendix A.
- The Strategy calls on the need for a collaborative effort involving state and local government, non-government organisations, peak bodies, academics, business and the community to all work together to promote healthy eating and physical activity.
- The S&HLGA has potential to participate and facilitate in a range of diet and food related initiatives that will have a positive impact on health and wellbeing. The natural amenities and hills and coastal environment of the region offer the potential for the integration of food initiatives and other initiatives that contribute to wellbeing.

**S&HLGA Regional Public Health Plan**  
**PHYSICAL ACTIVITY AND GENERAL WELLBEING RESEARCH FOR SOUTHERN AND HILLS REGION**

| Topic                                    | Key Information   |                          |                              |                          |                        | Source   |
|--|---|--------------------------|------------------------------|--------------------------|------------------------|--|
| Physical activity – participation trends | <b>For people aged 16 years and over:</b>                                   | <b>Southern Adelaide</b> | <b>Adelaide Hills region</b> | <b>Fleurieu &amp; KI</b> | <b>South Australia</b> | <i>Out and About: Regional participation in exercise, recreation and sport in South Australia (South Australian Sports Federation &amp; Office for Recreation &amp; Sport, 2012)</i> |
|  | All participation in physical activities for exercise, recreation and sport | 84%                      | 82%                          | 78%                      | 78%                    |  |
|  | Participation once / week   | 75%                      | 73%                          | 67%                      | 69%                    |  |
|  | Participation 3+ times / week   | 49%                      | 45%                          | 46%                      | 45%                    |  |
|  | Organised sport participation   | 62%                      | 65%                          | 63%                      | 60%                    |  |
|  | Non-organised sport participation   | 42%                      | 39%                          | 42%                      | 40%                    |  |
|  | Sport club participation  | 26%                      | 27%                          | 31%                      | 26%                    |  |
|  | Fitness centre participation  | 20%                      | 14%                          | 12%                      | 16%                    |  |
|  | Sport volunteer   | 15%                      | 20%                          | 19%                      | 16%                    |  |
|  | Sport spectator   | 62%                      | 63%                          | 57%                      | 63%                    |  |
| Physical activity – popular activities   | <b>For people aged 16 years and over:</b>                                   | <b>Southern Adelaide</b> | <b>Adelaide Hills region</b> | <b>Fleurieu &amp; KI</b> | <b>South Australia</b> |    |
|  | Aerobics / fitness  | 15%                      | 11%                          | 8%                       | 13%                    |  |
|  | Basketball  | 4%                       | 4%                           | 3%                       | 3%                     |  |
|  | Cricket (outdoor)   | 3%                       | 3%                           | 1%                       | 3%                     |  |
|  | Cycling   | 12%                      | 12%                          | 9%                       | 9%                     |  |
|  | Fishing   | 3%                       | 3%                           | 7%                       | 3%                     |  |
|  | Golf  | 6%                       | 2%                           | 7%                       | 5%                     |  |
|  | Lawn bowls  | 2%                       | 2%                           | 6%                       | 3%                     |  |
|  | Netball   | 8%                       | 7%                           | 3%                       | 5%                     |  |
|  | Running   | 8%                       | 7%                           | 3%                       | 6%                     |  |
|  | Swimming  | 10%                      | 8%                           | 8%                       | 7%                     |  |
|  | Tennis  | 6%                       | 6%                           | 7%                       | 6%                     |  |
|  | Walking (bush)  | 5%                       | 6%                           | 3%                       | 4%                     |  |
|  | Walking (other)   | 39%                      | 42%                          | 41%                      | 37%                    |  |
| Weight training                          | 8%  | 8%                       | 5%                           | 8%                       |                        |  |

| Topic  | Key Information   |                          |                          |                              |                          |                        |                      |                        | Source   |
|--|---|--------------------------|--------------------------|------------------------------|--------------------------|------------------------|----------------------|------------------------|--|
| Physical activity – club-based sports              | <b>Participation rate by gender</b>                     |                          | <b>Southern Adelaide</b> | <b>Adelaide Hills region</b> | <b>Fleurieu &amp; KI</b> | <b>South Australia</b> |                      |                        |  |
|  | Males   |                          | 35%                      | 31%                          | 37%                      | 34%                    |                      |                        |  |
|  | Females   |                          | 17%                      | 23%                          | 25%                      | 18%                    |                      |                        |  |
|  | Total   |                          | 26%                      | 27%                          | 31%                      | 26%                    |                      |                        |  |
| Physical activity – Younger and older adults focus | <b>Total participation rate by gender and age group</b> |                          | <b>Southern Adelaide</b> | <b>Adelaide Hills region</b> | <b>Fleurieu &amp; KI</b> | <b>South Australia</b> |                      |                        | <i>Out and About: Regional participation in exercise, recreation and sport in South Australia (South Australian Sports Federation &amp; Office for Recreation &amp; Sport, 2012)</i> |
|  | Males 16-24 years                                       |                          | 100%                     | 95%                          | 71%                      | 88%                    |                      |                        |  |
|  | Females 16-24 years                                     |                          | 94%                      | 90%                          | 100%                     | 86%                    |                      |                        |  |
|  | Males 65 years and over                                 |                          | 77%                      | 70%                          | 75%                      | 68%                    |                      |                        |  |
|  | Females 65 years and over                               |                          | 66%                      | 63%                          | 73%                      | 59%                    |                      |                        |  |
| Social wellbeing indicators                        | <b>Adults aged 15+ years:</b>                           | <b>Adelaide Hills DC</b> | <b>Alexandrina DC</b>    | <b>KI DC</b>                 | <b>Mount Barker DC</b>   | <b>Victor Harbor C</b> | <b>Yankalilla DC</b> | <b>South Australia</b> | Profile ID website (data relates to 2011 figures)  |
|  | Volunteering participation                              | 30%                      | 27%                      | NA                           | 26%                      | 27%                    | NA                   | 20%                    |  |
|  | No religious affiliation                                | 35%                      | 32%                      | NA                           | 33%                      | 27%                    | NA                   | 28%                    |  |
|  | Need for assistance                                     | 3%                       | 6%                       | NA                           | 4%                       | 8%                     | NA                   | 6%                     |  |
|  | Index of relative socio-economic disadvantage           | 1,081.1                  | 987.1                    | 983.3                        | 1,032.4                  | 968.0                  | 972.2                | 983.0                  |  |
| Work-life balance indicators                       | <b>Adults aged 15+ years:</b>                           | <b>Adelaide Hills DC</b> | <b>Alexandrina DC</b>    | <b>KI DC</b>                 | <b>Mount Barker DC</b>   | <b>Victor Harbor C</b> | <b>Yankalilla DC</b> | <b>South Australia</b> | ABS Census data (2011 data)  |
|  | Work (paid) 35-39 hours / week                          | 15%                      | 16%                      | 13%                          | 19%                      | 15%                    | 13%                  | 20%                    |  |
|  | Work (paid) 40+ hours / week                            | 43%                      | 38%                      | 38%                          | 41%                      | 33%                    | 37%                  | 40%                    |  |

| Topic                     | Key Information  | Source  |
|---------------------------|--|---|
| Youth comments            | <p>Adelaide Hills (AH) and Mount Barker Region:</p> <ul style="list-style-type: none"> <li>- 28% of young people in the Adelaide Hills do not attain Year 12 or equivalent and the region's youth mental health status is also quite concerning particularly considering AH having SA's highest socio-economic status score as well as general levels of education and qualifications above the State average.</li> <li>- Access and movement is generally restricted to residents' own transport, impacting heavily on young people for access to recreation services.</li> <li>- Currently there is no comprehensive planning for social infrastructure and systems to cope with the large scale of 15-19 year olds (i.e. large scale of developmental change).</li> </ul>   | <p>AITEC School Business Community Partnership Brokers Program<br/> <a href="http://www.aitec.edu.au/sbcpb/index.php/ad-hills">http://www.aitec.edu.au/sbcpb/index.php/ad-hills</a></p> |
| Population growth impacts | <p>Adelaide Hills, Fleurieu and Kangaroo Island region (i.e. all 6 of the councils):</p> <ul style="list-style-type: none"> <li>- The region is designated as a growth area under the 30 Year Plan for Greater Adelaide, primarily through Mount Barker and the South Coast centres of Goolwa and Victor Harbor.</li> <li>- With a projected population increase of up to 50,000 people, the regional current estimated population of 120,000 will grow by more than 40%.</li> <li>- Employment is projected to grow by more than 20,000 new jobs over the same period.</li> <li>- Regional population has grown by approximately 18% over the past 10 years, compared to a state-wide growth of approximately 9%. Most of this growth has been concentrated in Mount Barker, Goolwa and Victor Harbor.</li> <li>- The health and community services sector is expected to provide the highest growth in employment, especially in the retirement belts of Goolwa and Victor Harbor.</li> <li>- Renewable energy is being pursued through significant wind farms on the Fleurieu Peninsula and a projected wind farm on Kangaroo Island.</li> <li>- Agriculture is largely dependent on irrigation water from the Murray-Darling Basin. Across the region commercial agriculture is directly affected by state government legislation restricting access to ground water and charging for its use – there is now significant interest and activity regarding efficient water usage and sustainable agriculture.</li> <li>- There are opportunities arising from the scheduled roll out of the National Broadband Network in 2012 for Port Elliot, Strathalbyn, Yankalilla and Stirling.</li> </ul> | <p><i>Regional Education, Skills and Jobs Plan – Adelaide Hills, Fleurieu and Kangaroo Island</i><br/> (Department of Education, Employment and Workplace Relations, 2013)</p>          |

## APPENDIX C

### STATE OF PUBLIC HEALTH DATA TABLES

Primary source reference for all data tables and population trees:

Public Health Information Development Unit (PHIDU), University of Adelaide (October 2014) *Social Health Atlas of South Australia*, accessed online; <http://www.adelaide.edu.au/phidu/maps-data/>

Data definitions source document:

Public Health Information Development Unit (PHIDU), University of Adelaide (October 2014b) *Social Health Atlas of South Australia – About our Information*, accessed online; <http://www.adelaide.edu.au/phidu/help-info/about-our-data/indicators-notes/sha-aust/>

Special note for all tables:

- Variations for each indicator of greater than or less than 10% of the comparator (for the S&HLGA region tables – Australia; for LGA tables – South Australia) are highlighted.
- With regards to the colour coding of the analysis:
  - A **Green** highlight indicates a favourable comparison with the comparator
  - **Red** highlight indicates an unfavourable comparison
  - **Yellow** highlight indicates a neutral comparison
- Favourable comparison (Green) generally denotes a better than expected number or incidence of the indicator; Unfavourable (Red) denotes a less than expected number or incidence and neutral (Yellow) relates to indicators where although the variation is significant, the indicator itself does not reflect a more or less favourable health outcome for the population.

## S&HLGA Region

|   | Region | State | Australia |
|---|--------|-------|-----------|
| <b>Population Male %</b>  |        |       |           |
| 0-4   | 2.92   | 3.06  | 3.34      |
| 5-9   | 3.09   | 2.97  | 3.21      |
| 10-14   | 3.32   | 3.02  | 3.14      |
| 15-19   | 3.24   | 3.25  | 3.30      |
| 20-24   | 2.67   | 3.56  | 3.65      |
| 25-29   | 2.09   | 3.52  | 3.77      |
| 30-34   | 2.14   | 3.17  | 3.51      |
| 35-39   | 2.74   | 3.15  | 3.41      |
| 40-44   | 3.47   | 3.52  | 3.57      |
| 45-49   | 3.41   | 3.41  | 3.34      |
| 50-54   | 3.78   | 3.45  | 3.32      |
| 55-59   | 3.67   | 3.13  | 2.98      |
| 60-64   | 3.62   | 2.88  | 2.68      |
| 65-69   | 3.30   | 2.43  | 2.24      |
| 70-75   | 2.32   | 1.78  | 1.63      |
| 75-79   | 1.57   | 1.35  | 1.18      |
| 80-84   | 1.14   | 1.02  | 0.85      |
| 85+   | 0.85   | 0.83  | 0.66      |
| <b>Population Female %</b>  |        |       |           |
| 0-4   | 2.79   | 2.93  | 3.17      |
| 5-9   | 2.99   | 2.84  | 3.04      |
| 10-14   | 3.19   | 2.89  | 2.99      |
| 15-19   | 3.02   | 3.09  | 3.12      |
| 20-24   | 2.39   | 3.38  | 3.50      |
| 25-29   | 2.09   | 3.38  | 3.68      |
| 30-34   | 2.37   | 3.12  | 3.49      |
| 35-39   | 3.06   | 3.14  | 3.44      |
| 40-44   | 3.73   | 3.51  | 3.63      |
| 45-49   | 3.63   | 3.43  | 3.40      |
| 50-54   | 3.83   | 3.52  | 3.39      |
| 55-59   | 3.78   | 3.24  | 3.04      |
| 60-64   | 3.86   | 2.99  | 2.71      |
| 65-69   | 3.35   | 2.56  | 2.27      |
| 70-74   | 2.23   | 1.92  | 1.69      |
| 75-79   | 1.64   | 1.57  | 1.34      |
| 80-84   | 1.30   | 1.36  | 1.11      |
| 85+   | 1.40   | 1.58  | 1.21      |
| <b>Education</b>  |        |       |           |
| Full-time participation in secondary school education at age 16 - % | 85.39  | 83.06 | 79.10     |
| Participation in vocational education and training - ASR            | 12.50  | 9.14  | 8.43      |
| School leaver participation in higher education - %                 | 30.22  | 31.07 | 31.31     |
| People who left school at Year 10 or below, or did not go to school | 29.20  | 29.81 | 34.28     |
| Learning or Earning at ages 15 to 19                                | 80.53  | 79.76 | 80.07     |
| <b>Employment</b>   |        |       |           |
| <b>Workforce Status – Male - %</b>                                  |        |       |           |
| Employed  | 95.46  | 94.02 | 94.37     |
| Unemployed - Looking for Work                                       | 4.54   | 5.98  | 5.63      |
| Not in the Labour Force   | 29.58  | 30.23 | 27.10     |
| Not Stated  | 3.91   | 4.76  | 6.05      |

## S&HLGA Region

|  | Region | State | Australia |
|--|--------|-------|-----------|
| <b>Employment (continued)</b>              |        |       |           |
| <b>Workforce Status – Female - %</b>       |        |       |           |
| Employed                                   | 95.56  | 94.55 | 94.37     |
| Unemployed - Looking for Work              | 4.44   | 5.45  | 5.63      |
| Not in the Labour Force                    | 40.52  | 40.76 | 38.66     |
| Not Stated                                 | 3.44   | 4.24  | 5.21      |
| Employed                                   | 95.56  | 94.55 | 94.37     |
| <b>Industry of Employment – Male - %</b>   |        |       |           |
| Agriculture, Forestry and Fishing          | 7.46   | 5.48  | 3.26      |
| Mining                                     | 2.51   | 2.11  | 2.72      |
| Manufacturing                              | 10.67  | 15.41 | 12.45     |
| Electricity, Gas, Water and Waste          | 2.03   | 1.99  | 1.64      |
| Construction                               | 14.62  | 12.67 | 13.40     |
| Wholesale Trade                            | 4.31   | 4.68  | 4.93      |
| Retail Trade                               | 9.09   | 9.37  | 8.31      |
| Accommodation and Food Services            | 4.82   | 4.97  | 5.31      |
| Transport, Postal and Warehousing          | 5.10   | 6.44  | 6.86      |
| Information, Media and Telecommunications  | 1.45   | 1.63  | 1.93      |
| Financial and Insurance                    | 1.84   | 2.36  | 3.29      |
| Rental, hiring and real estate             | 1.32   | 1.22  | 1.45      |
| Professional scientific and technical      | 6.39   | 5.65  | 7.53      |
| Administrative and support                 | 2.83   | 2.93  | 2.92      |
| Public Administrative and Safety           | 7.53   | 7.42  | 6.94      |
| Education and Training                     | 5.30   | 4.74  | 4.49      |
| Health Care and Social Assistance          | 5.20   | 5.44  | 4.57      |
| Arts and Recreation                        | 1.51   | 1.24  | 1.48      |
| Other Services                             | 4.19   | 4.23  | 3.94      |
| Not Stated                                 | 1.82   | 2.16  | 2.59      |
| <b>Industry of Employment – Female - %</b> |        |       |           |
| Agriculture, Forestry and Fishing          | 3.67   | 2.24  | 1.60      |
| Mining                                     | 0.44   | 0.45  | 0.66      |
| Manufacturing                              | 4.95   | 5.42  | 5.00      |
| Electricity, Gas, Water and Waste          | 0.43   | 0.66  | 0.59      |
| Construction                               | 2.53   | 2.03  | 2.34      |
| Wholesale Trade                            | 2.07   | 2.28  | 2.97      |
| Retail Trade                               | 12.87  | 13.55 | 13.03     |
| Accommodation and Food Services            | 8.24   | 7.82  | 7.79      |
| Transport, Postal and Warehousing          | 1.59   | 1.73  | 2.37      |
| Information, Media and Telecommunications  | 1.01   | 1.24  | 1.59      |
| Financial and Insurance                    | 2.81   | 3.74  | 4.28      |
| Rental, hiring and real estate             | 1.65   | 1.37  | 1.72      |
| Professional scientific and technical      | 5.99   | 5.43  | 6.94      |
| Administrative and support                 | 3.66   | 4.08  | 3.56      |
| Public Administrative and Safety           | 6.16   | 6.85  | 6.77      |
| Education and Training                     | 12.62  | 11.63 | 12.01     |
| Health Care and Social Assistance          | 22.76  | 22.92 | 19.66     |
| Arts and Recreation                        | 1.50   | 1.31  | 1.54      |
| Other Services                             | 3.45   | 3.63  | 3.56      |
| Not Stated                                 | 1.60   | 1.62  | 2.03      |

## S&HLGA Region

|   | Region | State | Australia |
|---|--------|-------|-----------|
| <b>Income and Wealth</b>  |        |       |           |
| Age pensioners %  | 72.1   | 75.3  | 73.0      |
| Disability support pensioners %   | 6.3    | 7.2   | 5.6       |
| Female sole parent pensioners %   | 3.7    | 5.4   | 4.8       |
| People receiving an unemployment benefit %  | 4.2    | 5.3   | 4.2       |
| People receiving an unemployment benefit long-term %  | 3.0    | 4.2   | 3.2       |
| Young people aged 15 to 24 receiving an unemployment benefit %  | 5.1    | 7.0   | 5.4       |
| Low income, welfare-dependent families (with children) %  | 8.0    | 10.0  | 9.7       |
| Health care card holders %  | 7.0    | 8.4   | 7.5       |
| Pensioner concession card holders %   | 23.7   | 24.2  | 20.3      |
| Total concession card holders   | 25.0   | 27.0  | 22.9      |
| Households in dwellings receiving rent assistance from Centrelink   | 16.1   | 15.4  | 16.4      |
| Dwellings rented from the government housing authority  | 1.6    | 6.1   | 4.1       |
| Mortgage stress   | 9.4    | 8.9   | 10.5      |
| Rental stress   | 30.1   | 25.9  | 25.2      |
| Financial stress from mortgage or rent  | 27.6   | 29.1  | 31.7      |
| Age pensioners %  | 72.1   | 75.3  | 73.0      |
| <b>Early Life and Childhood</b>   |        |       |           |
| Children in low income, welfare-dependent families  | 17.7   | 24.8  | 22.4      |
| Children aged less than 15 years in jobless families  | 9.0    | 15.2  | 13.9      |
| Children fully immunised at 1 year of age   | 90.4   | 92.3  | 91.8      |
| Children fully immunised at 2 years of age  | 90.3   | 92.6  | 92.6      |
| Children fully immunised at 5 years of age  | 87.4   | 87.7  | 90.0      |
| Usual daily intake of two or more serves of fruit (modelled estimate), persons aged 5 to 17 years                       | 59.1   | 57.8  | 61.0      |
| Low birth weight babies   | 6.5    | 7.0   | 6.5       |
| Smoking during pregnancy  | 11.3   | 15.0  | 13.7      |
| Early childhood development: Australian Early Development Index (AEDI), Developmentally vulnerable on 1 or more domains | 16.3   | 22.9  | 23.6      |
| Early childhood development: AEDI, Developmentally vulnerable on 2 or more domains                                      | 7.7    | 11.5  | 11.9      |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally vulnerable                           | 5.8    | 9.9   | 9.4       |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally at risk                              | 13.6   | 14.7  | 13.0      |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally on track                             | 80.6   | 75.4  | 77.6      |
| Early childhood development: AEDI, Social competence - developmentally vulnerable                                       | 6.5    | 10.1  | 9.5       |
| Early childhood development: AEDI, Social competence - developmentally at risk  | 16.3   | 16.3  | 15.2      |
| Early childhood development: AEDI, Social competence - developmentally on track   | 77.1   | 73.5  | 75.3      |
| Early childhood development: AEDI, Emotional maturity - developmentally vulnerable                                      | 8.8    | 10.3  | 8.9       |
| Early childhood development: AEDI, Emotional maturity - developmentally at risk   | 12.4   | 15.4  | 15.5      |
| Early childhood development: AEDI, Emotional maturity - developmentally on track  | 78.8   | 74.3  | 75.6      |

## S&HLGA Region

|   | Region | State | Australia |
|---|--------|-------|-----------|
| <b>Early Life and Childhood (continued)</b>   |        |       |           |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally vulnerable   | 3.5    | 6.2   | 8.9       |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally at risk  | 10.5   | 10.8  | 14.0      |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally on track   | 86.0   | 83.0  | 77.1      |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally vulnerable  | 3.8    | 8.0   | 9.2       |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally at risk   | 14.5   | 16.7  | 15.8      |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally on track  | 81.6   | 75.2  | 74.9      |
| <b>Personal Health and Wellbeing</b>  |        |       |           |
| <b>Health Conditions</b>  |        |       |           |
| Type 2 diabetes (modelled estimate)   | 3.3    | 3.5   | 3.4       |
| High cholesterol (modelled estimate)  | 7.1    | 7.4   | 5.6       |
| Circulatory system diseases (modelled estimate)   | 18.1   | 18.6  | 16.0      |
| Hypertensive disease (modelled estimate)  | 10.7   | 11.0  | 9.2       |
| Respiratory system diseases (modelled estimate)   | 22.1   | 27.9  | 26.6      |
| Asthma (modelled estimate)  | 10.1   | 9.8   | 9.7       |
| Chronic Obstructive Pulmonary Disease (modelled estimate)   | 2.4    | 2.4   | 2.3       |
| Musculoskeletal system diseases (modelled estimate)   | 28.6   | 31.5  | 30.1      |
| Arthritis (modelled estimate)   | 14.6   | 15.3  | 14.9      |
| Rheumatoid arthritis (modelled estimate)  | 1.9    | 2.0   | 2.0       |
| Osteoarthritis (modelled estimate)  | 9.3    | 8.7   | 7.6       |
| Females with osteoporosis (modelled estimate)   | 4.9    | 4.6   | 5.3       |
| <b>Health Risk Factors</b>  |        |       |           |
| Male current smokers (modelled estimate), 18 years and over   | 23.2   | 22.7  | 22.4      |
| Female current smokers (modelled estimate), 18 years and over   | 17.6   | 17.2  | 18.2      |
| Current smokers (modelled estimate), persons 18 years and over  | 19.0   | 19.9  | 20.3      |
| Alcohol consumption at levels considered to be a high risk to health (modelled estimate), persons aged 18 years and over  | 5.7    | 4.9   | 5.4       |
| Physical inactivity (modelled estimate), persons aged 15 years and over   | 34.0   | 35.8  | 34.3      |
| Overweight (not obese) males (modelled estimate), 18 years and over   | 36.5   | 36.3  | 36.0      |
| Obese males (modelled estimate), 18 years and over  | 16.7   | 17.9  | 19.6      |
| Overweight (not obese) females (modelled estimate), 18 years and over   | 24.0   | 23.2  | 22.7      |
| Obese females (modelled estimate), 18 years and over  | 16.4   | 17.0  | 16.4      |
| Overweight (not obese) persons (modelled estimate), 18 years and over   | 30.3   | 29.6  | 29.2      |
| Obese persons (modelled estimate), 18 years and over  | 17.4   | 17.4  | 18.0      |
| Normal weight range (modelled estimate), males aged 18 years and over   | 28.5   | 30.4  | 31.1      |
| Normal weight range (modelled estimate), females aged 18 years and over   | 33.1   | 34.0  | 38.9      |
| Usual daily intake of two or more serves of fruit (modelled estimate), persons aged 18 years and over   | 50.1   | 50.2  | 50.2      |
| People with at least one of four of the following health risk factors - smoking, harmful use of alcohol, physical inactivity, obesity (modelled estimate) - 18 years and over | 56.4   | 57.6  | 55.9      |

## S&HLGA Region

|  | Region | State | Australia |
|--|--------|-------|-----------|
| <b>Mental Health</b>   |        |       |           |
| Males with mental and behavioural problems (modelled estimate)   | 11.1   | 10.8  | 10.1      |
| Males with mood (affective) problems (modelled estimate)   | 6.4    | 6.3   | 6.0       |
| Females with mental and behavioural problems (modelled estimate)   | 11.9   | 12.1  | 11.8      |
| Females with mood (affective) problems (modelled estimate)   | 8.5    | 8.8   | 8.5       |
| High or very high psychological distress levels (K-10) (modelled estimate), persons aged 18 years and over                           | 11.0   | 12.1  | 11.7      |
| Males with mental and behavioural problems (modelled estimate)   | 11.1   | 10.8  | 10.1      |
| <b>Avoidable Deaths</b>  |        |       |           |
| Deaths from cancer, 0 to 74 years  | 81.8   | 104.8 | 102.5     |
| Deaths from colorectal cancer, 0 to 74 years   | 4.8    | 10.3  | 10.0      |
| Deaths from lung cancer, 0 to 74 years   | 11.4   | 21.1  | 21.3      |
| Deaths from circulatory system diseases, 0 to 74 years   | 41.8   | 51.9  | 50.1      |
| Deaths from ischaemic heart disease, 0 to 74 years   | 19.5   | 29.2  | 27.9      |
| Deaths from cerebrovascular diseases, 0 to 74 years  | 7.9    | 9.0   | 9.3       |
| Deaths from respiratory system diseases, 0 to 74 years   | 6.3    | 14.8  | 14.1      |
| Deaths from chronic obstructive pulmonary disease, 45 to 74 years  | 7.8    | 19.6  | 21.9      |
| Deaths from external causes, 0 to 74 years   | 29.2   | 32.0  | 29.9      |
| Deaths from road traffic injuries, 0-74yrs   | 10.1   | 7.4   | 6.4       |
| Deaths from suicide and self-inflicted injuries, 0-74yrs   | 10.9   | 12.8  | 12.3      |
| <b>MBS Item Numbers Usage</b>  |        |       |           |
| GP services to males (MBS and DVA)   | 96     | 99    | 100       |
| GP services to females (MBS and DVA)   | 96     | 99    | 100       |
| Total GP services (MBS and DVA)  | 96     | 99    | 100       |
| 45 Year Old Health Checks by GPs, males aged 45 to 49 years  | 78     | 76    | 100       |
| 45 Year Old Health Checks by GPs, females aged 45 to 49 years  | 56     | 70    | 100       |
| 45 Year Old Health Checks by GPs, persons aged 45 to 49 years  | 74     | 76    | 100       |
| Annual health assessments by GPs, persons aged 75 years and over   | 108    | 95    | 100       |
| Other services by GPs for Enhanced Primary Care items  | 84     | 82    | 100       |
| Total services by GPs for Enhanced Primary Care items  | 95     | 88    | 100       |
| Practice Nurse services under the MBS  | 148    | 105   | 100       |
| Better Access Program: Preparation of Mental Health Care Plan by GPs   | 173    | 98    | 100       |
| Better Access Program: Psychiatrists   | 111    | 109   | 100       |
| Better Access Program: Psychologists   | 98     | 77    | 100       |
| Better Access Program: General Psychologists   | 83     | 51    | 100       |
| Better Access Program: Clinical Psychologists  | 123    | 124   | 100       |
| Better Access Program: Social Workers  | 140    | 95    | 100       |
| Better Access Program: Occupational Therapists   | 51     | 160   | 100       |
| <b>Community Connectedness</b>   |        |       |           |
| Persons aged 18 years and over who are able to get support in times of crisis from persons outside the household (modelled estimate) | 92.3   | 91.9  | 92.1      |
| Persons aged 18 years and over who disagree/strongly disagree with acceptance of other cultures (modelled estimate)                  | 4.1    | 4.3   | 5.9       |
| Persons aged 18 years and over who accessed the Internet at home in the past 12 months (modelled estimate)                           | 75.1   | 73.4  | 75.6      |
| Persons aged 18 years and over who feel very safe/safe walking alone in local area after dark (modelled estimate)                    | 50.7   | 45.4  | 47.3      |

# Adelaide Hills Council

|                              | Adelaide – Hills Central | Adelaide Hills - North | Adelaide Hills - Ranges | Adelaide Hills - Bal | Adelaide Hills LGA | Region | State |
|------------------------------|--------------------------|------------------------|-------------------------|----------------------|--------------------|--------|-------|
| <b>Population Male - %</b>   |                          |                        |                         |                      |                    |        |       |
| 0-4                          | 3.03                     | 2.43                   | 2.75                    | 3.32                 | 2.92               | 2.92   | 3.06  |
| 5-9                          | 3.56                     | 3.11                   | 3.26                    | 3.14                 | 3.31               | 3.09   | 2.97  |
| 10-14                        | 3.62                     | 4.15                   | 3.60                    | 3.64                 | 3.72               | 3.32   | 3.02  |
| 15-19                        | 3.51                     | 3.83                   | 4.11                    | 3.89                 | 3.82               | 3.24   | 3.25  |
| 20-24                        | 3.09                     | 2.78                   | 3.19                    | 3.42                 | 3.15               | 2.67   | 3.56  |
| 25-29                        | 1.64                     | 1.34                   | 1.94                    | 2.56                 | 1.89               | 2.09   | 3.52  |
| 30-34                        | 1.65                     | 1.89                   | 2.08                    | 2.60                 | 2.04               | 2.14   | 3.17  |
| 35-39                        | 2.87                     | 2.65                   | 2.76                    | 3.00                 | 2.84               | 2.74   | 3.15  |
| 40-44                        | 3.97                     | 3.73                   | 3.81                    | 3.61                 | 3.81               | 3.47   | 3.52  |
| 45-49                        | 3.69                     | 4.61                   | 3.99                    | 3.72                 | 3.95               | 3.41   | 3.41  |
| 50-54                        | 4.10                     | 4.86                   | 4.28                    | 3.89                 | 4.24               | 3.78   | 3.45  |
| 55-59                        | 4.20                     | 4.08                   | 4.25                    | 3.24                 | 3.97               | 3.67   | 3.13  |
| 60-64                        | 3.79                     | 3.80                   | 3.68                    | 3.28                 | 3.65               | 3.62   | 2.88  |
| 65-69                        | 3.17                     | 2.80                   | 3.08                    | 2.45                 | 2.92               | 3.30   | 2.43  |
| 70-74                        | 1.66                     | 1.79                   | 1.69                    | 1.94                 | 1.76               | 2.32   | 1.78  |
| 75-79                        | 0.98                     | 1.16                   | 1.12                    | 1.11                 | 1.08               | 1.57   | 1.35  |
| 80-84                        | 0.66                     | 0.78                   | 0.71                    | 0.88                 | 0.75               | 1.14   | 1.02  |
| 85+                          | 0.48                     | 0.40                   | 0.50                    | 0.67                 | 0.52               | 0.85   | 0.83  |
| <b>Population Female - %</b> |                          |                        |                         |                      |                    |        |       |
| 0-4                          | 3.81                     | 2.14                   | 2.88                    | 2.73                 | 2.80               | 2.79   | 2.93  |
| 5-9                          | 3.30                     | 2.91                   | 3.22                    | 3.50                 | 3.27               | 2.99   | 2.84  |
| 10-14                        | 3.13                     | 4.02                   | 3.18                    | 3.85                 | 3.48               | 3.19   | 2.89  |
| 15-19                        | 3.29                     | 3.92                   | 3.32                    | 2.78                 | 3.29               | 3.02   | 3.09  |
| 20-24                        | 2.20                     | 2.70                   | 2.50                    | 2.28                 | 2.39               | 2.39   | 3.38  |
| 25-29                        | 1.49                     | 1.46                   | 1.51                    | 2.45                 | 1.72               | 2.09   | 3.38  |
| 30-39                        | 2.20                     | 1.89                   | 2.25                    | 2.58                 | 2.25               | 2.37   | 3.12  |
| 35-39                        | 3.38                     | 2.88                   | 3.28                    | 3.07                 | 3.20               | 3.06   | 3.14  |
| 40-44                        | 4.12                     | 4.71                   | 3.86                    | 4.21                 | 4.18               | 3.73   | 3.51  |
| 45-49                        | 3.81                     | 4.77                   | 4.24                    | 3.83                 | 4.11               | 3.63   | 3.43  |
| 50-54                        | 4.31                     | 4.35                   | 4.06                    | 3.75                 | 4.13               | 3.83   | 3.52  |
| 55-59                        | 4.33                     | 3.56                   | 4.15                    | 3.46                 | 3.95               | 3.78   | 3.24  |
| 60-64                        | 4.02                     | 3.74                   | 3.71                    | 3.11                 | 3.68               | 3.86   | 2.99  |
| 65-69                        | 2.77                     | 2.72                   | 2.76                    | 2.49                 | 2.70               | 3.35   | 2.56  |
| 70-74                        | 1.45                     | 1.56                   | 1.57                    | 1.84                 | 1.60               | 2.23   | 1.92  |
| 75-79                        | 1.03                     | 0.93                   | 1.11                    | 1.29                 | 1.10               | 1.64   | 1.57  |
| 80-84                        | 0.81                     | 0.71                   | 0.78                    | 1.06                 | 0.84               | 1.30   | 1.36  |
| 85+                          | 0.91                     | 0.85                   | 0.80                    | 1.36                 | 0.98               | 1.40   | 1.58  |

## Adelaide Hills Council

|  | Adelaide – Hills Central | Adelaide Hills - North | Adelaide Hills - Ranges | Adelaide Hills - Bal | Adelaide Hills LGA | Region       | State        |
|--|--------------------------|------------------------|-------------------------|----------------------|--------------------|--------------|--------------|
| <b>Education</b>   |                          |                        |                         |                      |                    |              |              |
| <b>Full-time participation in secondary school education at age 16 - %</b> | <b>87.37</b>             | <b>95.33</b>           | <b>89.53</b>            | <b>87.50</b>         | <b>89.45</b>       | <b>85.39</b> | <b>83.06</b> |
| Participation in vocational education and training - ASR                   | <b>7.89</b>              | <b>10.36</b>           | <b>8.04</b>             | 8.39                 | 8.49               | 12.50        | 9.14         |
| School leaver participation in higher education - %                        | <b>43.44</b>             | 32.17                  | <b>44.49</b>            | <b>25.19</b>         | <b>37.59</b>       | 30.22        | 31.07        |
| People who left school at Year 10 or below, or did not go to school        | <b>15.97</b>             | 26.69                  | <b>18.15</b>            | 27.64                | <b>21.15</b>       | 29.20        | 29.81        |
| Learning or Earning at ages 15 to 19                                       | 84.97                    | 86.90                  | 86.78                   | 82.62                | 85.31              | 80.53        | 79.76        |
| <b>Employment</b>  |                          |                        |                         |                      |                    |              |              |
| <b>Workforce Status – Male - %</b>   |                          |                        |                         |                      |                    |              |              |
| Employed   | 96.30                    | 96.62                  | 96.36                   | 96.46                | 97.20              | 94.02        | 94.37        |
| Unemployed - Looking for Work  | <b>3.70</b>              | <b>3.38</b>            | <b>3.64</b>             | <b>3.54</b>          | <b>2.80</b>        | 5.98         | 5.63         |
| Not in the Labour Force  | 24.21                    | <b>23.77</b>           | 24.73                   | 26.16                | 25.09              | 30.23        | 27.10        |
| Not Stated   | <b>2.94</b>              | <b>2.88</b>            | <b>2.74</b>             | <b>3.51</b>          | <b>2.21</b>        | 4.76         | 6.05         |

| Adelaide Hills Council                    | Adelaide – Hills Central | Adelaide Hills - North | Adelaide Hills - Ranges | Adelaide Hills - Bal | Adelaide Hills LGA | Region | State |
|---|--------------------------|------------------------|-------------------------|----------------------|--------------------|--------|-------|
| <b>Employment (continued)</b>             |                          |                        |                         |                      |                    |        |       |
| <b>Workforce Status – Female - %</b>      |                          |                        |                         |                      |                    |        |       |
| Employed                                  | 96.72                    | 95.76                  | 96.38                   | 96.66                | 96.45              | 95.56  | 94.55 |
| Unemployed - Looking for Work             | 3.28                     | 4.24                   | 3.62                    | 3.34                 | 3.55               | 4.44   | 5.45  |
| Not in the Labour Force                   | 32.56                    | 34.65                  | 31.30                   | 38.33                | 24.47              | 40.52  | 40.76 |
| Not Stated                                | 2.58                     | 2.48                   | 2.61                    | 3.10                 | 2.25               | 3.44   | 4.24  |
| <b>Industry of Employment – Male %</b>    |                          |                        |                         |                      |                    |        |       |
| Agriculture, Forestry and Fishing         | 1.1                      | 8.0                    | 3.6                     | 10.3                 | 5.0                | 7.5    | 5.5   |
| Mining                                    | 2.5                      | 2.3                    | 2.0                     | 0.4                  | 2.2                | 2.5    | 2.1   |
| Manufacturing                             | 9.0                      | 14.5                   | 0.2                     | 12.8                 | 11.3               | 10.7   | 15.4  |
| Electricity, Gas, Water and Waste         | 1.8                      | 1.9                    | 1.9                     | 2.2                  | 1.9                | 2.0    | 2.0   |
| Construction                              | 11.5                     | 18.5                   | 13.9                    | 14.5                 | 13.6               | 14.6   | 12.7  |
| Wholesale Trade                           | 4.2                      | 5.1                    | 4.6                     | 4.8                  | 4.4                | 4.3    | 4.7   |
| Retail Trade                              | 9.1                      | 7.1                    | 8.4                     | 9.1                  | 8.3                | 9.1    | 9.4   |
| Accommodation and Food Services           | 4.8                      | 2.7                    | 5.3                     | 3.6                  | 4.1                | 4.8    | 5.0   |
| Transport, Postal and Warehousing         | 3.8                      | 5.2                    | 4.6                     | 4.6                  | 4.3                | 5.1    | 6.4   |
| Information, Media and Telecommunications | 2.4                      | 0.9                    | 2.7                     | 1.1                  | 1.9                | 1.4    | 1.6   |
| Financial and Insurance                   | 3.6                      | 0.8                    | 2.0                     | 2.3                  | 2.3                | 1.8    | 2.4   |
| Rental, hiring and real estate            | 1.7                      | 1.0                    | 1.7                     | 0.8                  | 1.3                | 1.3    | 1.2   |
| Professional scientific and technical     | 12.4                     | 5.4                    | 13.0                    | 5.5                  | 9.3                | 6.4    | 5.7   |
| Administrative and support                | 2.3                      | 2.2                    | 3.5                     | 3.3                  | 2.7                | 2.8    | 2.9   |
| Public Administrative and Safety          | 7.9                      | 8.9                    | 9.0                     | 10.5                 | 8.7                | 7.5    | 7.4   |
| Education and Training                    | 8.5                      | 5.4                    | 9.6                     | 4.4                  | 7.0                | 5.3    | 4.7   |
| Health Care and Social Assistance         | 8.8                      | 3.8                    | 8.1                     | 4.0                  | 6.3                | 5.2    | 5.4   |
| Arts and Recreation                       | 1.8                      | 1.2                    | 1.8                     | 1.6                  | 1.6                | 1.5    | 1.2   |
| Other Services                            | 3.0                      | 4.9                    | 4.0                     | 4.4                  | 3.8                | 4.2    | 4.2   |
| Not Stated                                | 1.6                      | 1.7                    | 1.9                     | 2.0                  | 1.7                | 1.8    | 2.2   |
| <b>Industry of Employment – Female %</b>  |                          |                        |                         |                      |                    |        |       |
| Agriculture, Forestry and Fishing         | 0.4                      | 5.0                    | 2.3                     | 4.0                  | 2.5                | 3.7    | 2.2   |
| Mining                                    | 0.5                      | 0.2                    | 0.7                     | 0.1                  | 0.4                | 0.4    | 0.5   |
| Manufacturing                             | 2.9                      | 6.1                    | 4.2                     | 7.1                  | 4.7                | 5.0    | 5.4   |
| Electricity, Gas, Water and Waste         | 0.5                      | 0.8                    | 0.6                     | 0.0                  | 0.5                | 0.4    | 0.7   |
| Construction                              | 1.9                      | 3.7                    | 2.4                     | 2.0                  | 2.4                | 2.5    | 2.0   |
| Wholesale Trade                           | 1.8                      | 2.9                    | 2.2                     | 2.6                  | 2.4                | 2.1    | 2.3   |
| Retail Trade                              | 10.2                     | 10.9                   | 9.8                     | 11.1                 | 10.4               | 12.9   | 13.5  |
| Accommodation and Food Services           | 5.8                      | 5.5                    | 5.6                     | 6.4                  | 5.8                | 8.2    | 7.8   |
| Transport, Postal and Warehousing         | 0.7                      | 1.9                    | 1.5                     | 1.4                  | 1.3                | 1.6    | 1.7   |
| Information, Media and Telecommunications | 1.3                      | 0.8                    | 1.2                     | 1.4                  | 1.2                | 1.0    | 1.2   |
| Financial and Insurance                   | 3.5                      | 3.1                    | 3.3                     | 3.1                  | 3.3                | 2.8    | 3.7   |
| Rental, hiring and real estate            | 1.3                      | 1.3                    | 1.1                     | 1.6                  | 1.3                | 1.6    | 1.4   |
| Professional scientific and technical     | 9.4                      | 5.8                    | 8.5                     | 5.5                  | 7.7                | 6.0    | 5.4   |
| Administrative and support                | 3.2                      | 3.3                    | 3.2                     | 4.1                  | 3.4                | 3.7    | 4.1   |
| Public Administrative and Safety          | 7.6                      | 7.3                    | 6.8                     | 6.4                  | 7.1                | 6.2    | 6.9   |
| Education and Training                    | 17.3                     | 11.9                   | 16.5                    | 14.4                 | 15.5               | 12.6   | 11.6  |
| Health Care and Social Assistance         | 25.3                     | 22.5                   | 23.7                    | 22.0                 | 23.6               | 22.8   | 22.9  |
| Arts and Recreation                       | 1.6                      | 1.7                    | 1.8                     | 1.2                  | 1.6                | 1.5    | 1.3   |
| Other Services                            | 3.4                      | 3.5                    | 3.4                     | 3.8                  | 3.5                | 3.5    | 3.6   |
| Not Stated                                | 1.6                      | 1.9                    | 1.1                     | 1.7                  | 1.5                | 1.6    | 1.6   |

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|---|--------------------------------|------------------------------|-------------------------------|-------------------------|-----------------------|--------|-------|
| <b>Income and Wealth</b>  |                                |                              |                               |                         |                       |        |       |
| Age pensioners %  | 57.5                           | 66.3                         | 60.3                          | 70.1                    | 62.9                  | 72.1   | 75.3  |
| Disability support pensioners %   | 2.0                            | 3.3                          | 2.7                           | 3.7                     | 3.7                   | 6.3    | 7.2   |
| Female sole parent pensioners %   | 2.2                            | 2.8                          | 1.8                           | 3.4                     | 1.7                   | 3.7    | 5.4   |
| People receiving an unemployment benefit %  | 2.1                            | 2.5                          | 2.8                           | 2.5                     | 2.5                   | 4.2    | 5.3   |
| People receiving an unemployment benefit long-term %  | 1.6                            | 1.9                          | 2.1                           | 1.9                     | 1.8                   | 3.0    | 4.2   |
| Young people aged 15 to 24 receiving an unemployment benefit %  | 2.6                            | 4.1                          | 2.4                           | 3.1                     | 2.9                   | 5.1    | 7.0   |
| Low income, welfare-dependent families (with children) %  | 3.6                            | 5.3                          | 3.8                           | 5.6                     | 4.4                   | 8.0    | 10.0  |
| Health care card holders %  | 4.5                            | 5.3                          | 5.5                           | 5.3                     | 5.1                   | 7.0    | 8.4   |
| Pensioner concession card holders %   | 12.8                           | 15.8                         | 14.3                          | 17.8                    | 14.9                  | 23.7   | 24.2  |
| Total concession card holders   | 14.2                           | 17.5                         | 16.3                          | 18.7                    | 16.4                  | 25.0   | 27.0  |
| Households in dwellings receiving rent assistance from Centrelink   | 5.5                            | 7.9                          | 7.1                           | 9.4                     | 9.5                   | 16.1   | 15.4  |
| Dwellings rented from the government housing authority  | 0.1                            | 0.1                          | 0.2                           | 1.5                     | 0.4                   | 1.6    | 6.1   |
| Mortgage stress   | 5.0                            | 7.2                          | 6.3                           | 8.8                     | 6.6                   | 9.4    | 8.9   |
| Rental stress   | 22.7                           | 25.8                         | 19.7                          | 23.3                    | 22.7                  | 30.1   | 25.9  |
| Financial stress from mortgage or rent  | 23.9                           | 24.1                         | 25.1                          | 26.9                    | 25.1                  | 27.6   | 29.1  |
| <b>Early Life and Childhood</b>   |                                |                              |                               |                         |                       |        |       |
| Children in low income, welfare-dependent families  | 8.1                            | 14.4                         | 9.0                           | 11.9                    | 10.3                  | 17.7   | 24.8  |
| Children aged less than 15 years in jobless families  | 4.2                            | 6.7                          | 3.0                           | 4.3                     | 4.3                   | 9.0    | 15.2  |
| Children fully immunised at 1 year of age   | 89.0                           | 95.7                         | 87.5                          | 87.5                    | 89.0                  | 90.4   | 92.3  |
| Children fully immunised at 2 years of age  | 88.2                           | 89.6                         | 89.1                          | 87.2                    | 88.4                  | 90.3   | 92.6  |
| Children fully immunised at 5 years of age  | 86.9                           | 88.1                         | 86.8                          | 85.4                    | 86.6                  | 87.4   | 87.7  |
| Usual daily intake of two or more serves of fruit (modelled estimate), persons aged 5 to 17 years                       | 60.7                           | 60.0                         | 62.3                          | 61.7                    | 61.2                  | 59.1   | 57.8  |
| Low birth weight babies   | 5.8                            | 5.2                          | 5.5                           | 6.9                     | 5.9                   | 6.5    | 7.0   |
| Smoking during pregnancy  | 4.5                            | 9.2                          | 4.4                           | 8.5                     | 6.1                   | 11.3   | 15.0  |
| Early childhood development: Australian Early Development Index (AEDI), Developmentally vulnerable on 1 or more domains | 6.8                            | 14.9                         | 7.2                           | 17.8                    | 10.9                  | 16.3   | 22.9  |
| Early childhood development: AEDI, Developmentally vulnerable on 2 or more domains                                      | 0.7                            | 10.3                         | 2.4                           | 9.9                     | 5.0                   | 7.7    | 11.5  |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally vulnerable                           | 2.7                            | 2.3                          | 2.4                           | 6.9                     | 3.5                   | 5.8    | 9.9   |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally at risk                              | 6.2                            | 14.9                         | 15.2                          | 12.9                    | 11.8                  | 13.6   | 14.7  |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally on track                             | 91.1                           | 82.8                         | 82.4                          | 80.2                    | 84.7                  | 80.6   | 75.4  |
| Early childhood development: AEDI, Social competence - developmentally vulnerable                                       | 2.1                            | 10.3                         | 0.8                           | 5.9                     | 4.1                   | 6.5    | 10.1  |
| Early childhood development: AEDI, Social competence - developmentally at risk  | 8.9                            | 16.1                         | 9.6                           | 17.8                    | 12.4                  | 16.3   | 16.3  |
| Early childhood development: AEDI, Social competence - developmentally on track   | 89.0                           | 73.6                         | 89.6                          | 76.2                    | 83.4                  | 77.1   | 73.5  |

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|---|--------------------------|------------------------|-------------------------|----------------------|--------------------|--------|-------|
| <b>Early Life and Childhood (continued)</b>   |                          |                        |                         |                      |                    |        |       |
| Early childhood development: AEDI, Emotional maturity - developmentally vulnerable                            | 2.7                      | 11.5                   | 2.4                     | 9.9                  | 5.9                | 8.8    | 10.3  |
| Early childhood development: AEDI, Emotional maturity - developmentally at risk                               | 8.2                      | 19.5                   | 5.6                     | 8.9                  | 9.8                | 12.4   | 15.4  |
| Early childhood development: AEDI, Emotional maturity - developmentally on track                              | 89.0                     | 69.0                   | 92.0                    | 81.2                 | 84.3               | 78.8   | 74.3  |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally vulnerable | 0.7                      | 1.1                    | 3.2                     | 5.0                  | 2.4                | 3.5    | 6.2   |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally at risk    | 9.6                      | 9.2                    | 5.6                     | 6.9                  | 7.8                | 10.5   | 10.8  |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally on track   | 89.7                     | 89.7                   | 91.2                    | 88.1                 | 89.8               | 86.0   | 83.0  |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally vulnerable    | 0.7                      | 2.3                    | 1.6                     | 6.9                  | 2.6                | 3.8    | 8.0   |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally at risk       | 11.0                     | 11.5                   | 12.0                    | 11.9                 | 11.5               | 14.5   | 16.7  |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally on track      | 88.4                     | 86.2                   | 86.4                    | 81.2                 | 85.8               | 81.6   | 75.2  |
| <b>Personal Health and Wellbeing</b>  |                          |                        |                         |                      |                    |        |       |
| <b>Health Conditions</b>  |                          |                        |                         |                      |                    |        |       |
| Type 2 diabetes (modelled estimate)   | 2.8                      | 3.0                    | 2.9                     | 3.1                  | 2.9                | 3.3    | 3.5   |
| High cholesterol (modelled estimate)  | 6.7                      | 6.8                    | 6.7                     | 7.0                  | 6.8                | 7.1    | 7.4   |
| Circulatory system diseases (modelled estimate)   | 16.4                     | 16.6                   | 16.3                    | 17.0                 | 16.5               | 18.1   | 18.6  |
| Hypertensive disease (modelled estimate)  | 9.4                      | 9.6                    | 9.3                     | 11.4                 | 9.9                | 10.7   | 11.0  |
| Respiratory system diseases (modelled estimate)   | 29.2                     | 20.6                   | 25.8                    | 19.2                 | 24.5               | 22.1   | 27.9  |
| Asthma (modelled estimate)  | 9.5                      | 9.5                    | 9.3                     | 9.6                  | 9.5                | 10.1   | 9.8   |
| Chronic Obstructive Pulmonary Disease (modelled estimate)   | 2.0                      | 2.2                    | 1.9                     | 2.2                  | 2.1                | 2.4    | 2.4   |
| Musculoskeletal system diseases (modelled estimate)   | 24.6                     | 21.4                   | 23.1                    | 21.3                 | 29.1               | 28.6   | 31.5  |
| Arthritis (modelled estimate)   | 13.0                     | 13.8                   | 12.8                    | 14.2                 | 13.4               | 14.6   | 15.3  |
| Rheumatoid arthritis (modelled estimate)  | 1.2                      | 2.0                    | 1.8                     | 2.0                  | 1.7                | 1.9    | 2.0   |
| Osteoarthritis (modelled estimate)  | 8.0                      | 9.2                    | 8.1                     | 9.7                  | 8.6                | 9.3    | 8.7   |
| Females with osteoporosis (modelled estimate)   | 4.3                      | 4.6                    | 4.3                     | 4.8                  | 4.5                | 4.9    | 4.6   |
| Type 2 diabetes (modelled estimate)   | 2.8                      | 3.0                    | 2.9                     | 3.1                  | 2.9                | 3.3    | 3.5   |

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|---|--------------------------------|------------------------------|-------------------------------|-------------------------|-----------------------|--------|-------|
| <b>Personal Health and Wellbeing</b>  |                                |                              |                               |                         |                       |        |       |
| <b>Health Risk Factors</b>  |                                |                              |                               |                         |                       |        |       |
| Male current smokers (modelled estimate), 18 years and over   | 11.0                           | 17.1                         | 13.1                          | 17.6                    | 17.4                  | 23.2   | 22.7  |
| Female current smokers (modelled estimate), 18 years and over   | 10.9                           | 14.0                         | 11.0                          | 15.5                    | 12.5                  | 17.6   | 17.2  |
| Current smokers (modelled estimate), persons 18 years and over  | 12.5                           | 17.2                         | 13.6                          | 18.1                    | 14.9                  | 19.0   | 19.9  |
| Alcohol consumption at levels considered to be a high risk to health (modelled estimate), persons aged 18 years and over  | 4.2                            | 4.7                          | 4.2                           | 4.4                     | 4.3                   | 5.7    | 4.9   |
| Physical inactivity (modelled estimate), persons aged 15 years and over   | 26.5                           | 31.5                         | 27.9                          | 33.0                    | 29.2                  | 34.0   | 35.8  |
| Overweight (not obese) males (modelled estimate), 18 years and over   | 38.8                           | 37.6                         | 38.3                          | 37.2                    | 38.0                  | 36.5   | 36.3  |
| Obese males (modelled estimate), 18 years and over  | 14.2                           | 15.6                         | 14.5                          | 15.5                    | 14.8                  | 16.7   | 17.9  |
| Overweight (not obese) females (modelled estimate), 18 years and over   | 23.7                           | 24.0                         | 23.3                          | 24.0                    | 23.7                  | 24.0   | 23.2  |
| Obese females (modelled estimate), 18 years and over  | 12.9                           | 14.0                         | 13.0                          | 14.2                    | 13.4                  | 16.4   | 17.0  |
| Overweight (not obese) persons (modelled estimate), 18 years and over   | 31.0                           | 30.8                         | 30.8                          | 30.6                    | 30.8                  | 30.3   | 29.6  |
| Obese persons (modelled estimate), 18 years and over  | 13.5                           | 14.8                         | 13.7                          | 14.9                    | 14.1                  | 17.4   | 17.4  |
| Normal weight range (modelled estimate), males aged 18 years and over   | 34.4                           | 32.3                         | 34.6                          | 31.9                    | 33.5                  | 28.5   | 30.4  |
| Normal weight range (modelled estimate), females aged 18 years and over   | 40.7                           | 38.3                         | 39.9                          | 34.2                    | 38.6                  | 33.1   | 34.0  |
| Usual daily intake of two or more serves of fruit (modelled estimate), persons aged 18 years and over   | 53.6                           | 50.6                         | 52.7                          | 50.1                    | 52.0                  | 50.1   | 50.2  |
| People with at least one of four of the following health risk factors - smoking, harmful use of alcohol, physical inactivity, obesity (modelled estimate) - 18 years and over | 44.0                           | 50.8                         | 45.6                          | 52.5                    | 47.5                  | 56.4   | 57.6  |
| <b>Mental Health</b>  |                                |                              |                               |                         |                       |        |       |
| Males with mental and behavioural problems (modelled estimate)  | 8.9                            | 9.2                          | 9.2                           | 9.5                     | 9.2                   | 11.1   | 10.8  |
| Males with mood (affective) problems (modelled estimate)  | 4.9                            | 5.2                          | 5.1                           | 5.4                     | 5.1                   | 6.4    | 6.3   |
| Females with mental and behavioural problems (modelled estimate)  | 10.4                           | 10.6                         | 10.0                          | 11.1                    | 10.5                  | 11.9   | 12.1  |
| Females with mood (affective) problems (modelled estimate)  | 6.8                            | 6.7                          | 6.4                           | 7.3                     | 6.8                   | 8.5    | 8.8   |
| High or very high psychological distress levels (K-10) (modelled estimate), persons aged 18 years and over  | 8.2                            | 8.6                          | 8.2                           | 9.1                     | 8.5                   | 11.0   | 12.1  |

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|--|--------------------------|------------------------|-------------------------|----------------------|--------------------|--------|-------|
| <b>Personal Health and Wellbeing (continued)</b>                     |                          |                        |                         |                      |                    |        |       |
| <b>Avoidable Deaths</b>  |                          |                        |                         |                      |                    |        |       |
| Deaths from cancer, 0 to 74 years                                    | 84.7                     | 78.3                   | 94.5                    | 93.4                 | 88.2               | 81.8   | 104.8 |
| Deaths from colorectal cancer, 0 to 74 years                         | .                        | .                      | 10.7                    | ..                   | 5.8                | 4.8    | 10.3  |
| Deaths from lung cancer, 0 to 74 years                               | 11.5                     | 16.8                   | ..                      | 13.0                 | 11.1               | 11.4   | 21.1  |
| Deaths from circulatory system diseases, 0 to 74 years               | 28.0                     | 20.0                   | 32.9                    | 37.2                 | 30.0               | 41.8   | 51.9  |
| Deaths from ischaemic heart disease, 0 to 74 years                   | 10.2                     | ..                     | 19.8                    | 10.9                 | 13.1               | 19.5   | 29.2  |
| Deaths from cerebrovascular diseases, 0 to 74 years                  | ..                       | ..                     | ..                      | 11.0                 | 6.5                | 7.9    | 9.0   |
| Deaths from respiratory system diseases, 0 to 74 years               | ..                       | ..                     | ..                      | 17.7                 | 7.1                | 6.3    | 14.8  |
| Deaths from chronic obstructive pulmonary disease, 45 to 74 years    | ..                       | 0.0                    | 0.0                     | 38.7                 | 10.4               | 7.8    | 19.6  |
| Deaths from external causes, 0 to 74 years                           | 13.0                     | 33.8                   | 23.9                    | 25.8                 | 22.5               | 29.2   | 32.0  |
| Deaths from road traffic injuries, 0-74yrs                           | ..                       | 15.9                   | ..                      | ..                   | 7.2                | 10.1   | 7.4   |
| Deaths from suicide and self-inflicted injuries, 0-74yrs             | ..                       | ..                     | 11.8                    | 11.7                 | 8.5                | 10.9   | 12.8  |
| <b>MBS Item Numbers Usage</b>  |                          |                        |                         |                      |                    |        |       |
| GP services to males (MBS and DVA)                                   | 90                       | 77                     | 85                      | 85                   | 85                 | 96     | 99    |
| GP services to females (MBS and DVA)                                 | 91                       | 84                     | 90                      | 87                   | 89                 | 96     | 99    |
| Total GP services (MBS and DVA)                                      | 91                       | 81                     | 88                      | 86                   | 87                 | 96     | 99    |
| 45 Year Old Health Checks by GPs, males aged 45 to 49 years          | 111                      | 45                     | 88                      | 0                    | 66                 | 78     | 76    |
| 45 Year Old Health Checks by GPs, females aged 45 to 49 years        | 58                       | 61                     | 55                      | 0                    | 45                 | 56     | 70    |
| 45 Year Old Health Checks by GPs, persons aged 45 to 49 years        | 81                       | 51                     | 70                      | 37                   | 62                 | 74     | 76    |
| Annual health assessments by GPs, persons aged 75 years and over     | 102                      | 57                     | 150                     | 38                   | 85                 | 108    | 95    |
| Other services by GPs for Enhanced Primary Care items                | 60                       | 72                     | 64                      | 52                   | 61                 | 84     | 82    |
| Total services by GPs for Enhanced Primary Care items                | 82                       | 62                     | 97                      | 43                   | 72                 | 95     | 88    |
| Practice Nurse services under the MBS                                | 86                       | 106                    | 79                      | 96                   | 90                 | 148    | 105   |
| Better Access Program: Preparation of Mental Health Care Plan by GPs | 122                      | 97                     | 89                      | 84                   | 100                | 173    | 98    |
| Better Access Program: Psychiatrists                                 | 133                      | 74                     | 82                      | 101                  | 102                | 111    | 109   |
| Better Access Program: Psychologists                                 | 137                      | 62                     | 100                     | 73                   | 99                 | 98     | 77    |
| Better Access Program: General Psychologists                         | 65                       | 28                     | 52                      | 32                   | 47                 | 83     | 51    |
| Better Access Program: Clinical Psychologists                        | 263                      | 121                    | 184                     | 144                  | 189                | 123    | 124   |
| Better Access Program: Social Workers                                | 156                      | 60                     | 206                     | 107                  | 141                | 140    | 95    |
| Better Access Program: Occupational Therapists                       | 162                      | 168                    | 208                     | 0                    | 137                | 51     | 160   |

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|--|--------------------------|------------------------|-------------------------|----------------------|--------------------|-------------|-------------|
| <b>Community Connectedness</b>   |                          |                        |                         |                      |                    |             |             |
| Persons aged 18 years and over who are able to get support in times of crisis from persons outside the household (modelled estimate) | 93.5                     | 92.7                   | 93.3                    | 92.8                 | 93.1               | <b>92.3</b> | <b>91.9</b> |
| Persons aged 18 years and over who disagree/strongly disagree with acceptance of other cultures (modelled estimate)                  | ..                       | ..                     | ..                      | <b>3.5</b>           | <b>3.0</b>         | 4.1         | 4.3         |
| Persons aged 18 years and over who accessed the Internet at home in the past 12 months (modelled estimate)                           | 80.8                     | 77.5                   | 80.0                    | 76.3                 | 79.0               | 75.1        | 73.4        |
| Persons aged 18 years and over who feel very safe/safe walking alone in local area after dark (modelled estimate)                    | 47.0                     | <b>51.3</b>            | <b>49.1</b>             | <b>52.1</b>          | 49.5               | 50.7        | 45.4        |

# Alexandrina Council

|   | Alexandrina - Coastal | Alexandrina-Strathalbyn | Alexandrina-LGA | Region | State |
|---|-----------------------|-------------------------|-----------------|--------|-------|
| <b>Population Male - %</b>  |                       |                         |                 |        |       |
| 0-4   | 2.54                  | 3.02                    | 2.77            | 2.92   | 3.06  |
| 5-9   | 2.46                  | 3.10                    | 2.76            | 3.09   | 2.97  |
| 10-14   | 2.53                  | 3.13                    | 2.81            | 3.32   | 3.02  |
| 15-19   | 2.47                  | 3.88                    | 3.12            | 3.24   | 3.25  |
| 20-24   | 1.89                  | 2.79                    | 2.31            | 2.67   | 3.56  |
| 25-29   | 1.63                  | 2.31                    | 1.94            | 2.09   | 3.52  |
| 30-34   | 1.93                  | 2.44                    | 1.76            | 2.14   | 3.17  |
| 35-39   | 2.40                  | 2.54                    | 2.47            | 2.74   | 3.15  |
| 40-44   | 2.55                  | 3.70                    | 3.08            | 3.47   | 3.52  |
| 45-49   | 2.75                  | 3.37                    | 3.04            | 3.41   | 3.41  |
| 50-54   | 3.14                  | 3.94                    | 3.52            | 3.78   | 3.45  |
| 55-59   | 3.60                  | 3.29                    | 3.47            | 3.67   | 3.13  |
| 60-64   | 4.19                  | 3.81                    | 4.04            | 3.62   | 2.88  |
| 65-69   | 4.82                  | 3.06                    | 4.04            | 3.30   | 2.43  |
| 70-74   | 4.01                  | 2.25                    | 3.23            | 2.32   | 1.78  |
| 75-79   | 2.75                  | 1.32                    | 2.11            | 1.57   | 1.35  |
| 80-84   | 2.00                  | 1.04                    | 1.58            | 1.14   | 1.02  |
| 85+   | 1.24                  | 0.58                    | 0.95            | 0.85   | 0.83  |
| <b>Population Female - %</b>  |                       |                         |                 |        |       |
| 0-4   | 2.11                  | 2.69                    | 2.38            | 2.79   | 2.93  |
| 5-9   | 2.45                  | 2.90                    | 2.66            | 2.99   | 2.84  |
| 10-14   | 2.45                  | 3.66                    | 3.01            | 3.19   | 2.89  |
| 15-19   | 2.27                  | 3.31                    | 2.75            | 3.02   | 3.09  |
| 20-29   | 1.73                  | 2.54                    | 2.10            | 2.39   | 3.38  |
| 25-29   | 1.68                  | 2.11                    | 1.88            | 2.09   | 3.38  |
| 30-34   | 2.01                  | 2.38                    | 2.18            | 2.37   | 3.12  |
| 35-39   | 2.71                  | 2.95                    | 2.83            | 3.06   | 3.14  |
| 49-44   | 2.69                  | 3.88                    | 3.24            | 3.73   | 3.51  |
| 45-49   | 2.93                  | 3.81                    | 3.34            | 3.63   | 3.43  |
| 50-54   | 3.62                  | 3.94                    | 3.78            | 3.83   | 3.52  |
| 55-59   | 3.78                  | 3.41                    | 3.63            | 3.78   | 3.24  |
| 60-64   | 5.13                  | 3.84                    | 4.57            | 3.86   | 2.99  |
| 65-69   | 5.10                  | 3.01                    | 4.17            | 3.35   | 2.56  |
| 70-74   | 3.90                  | 2.28                    | 3.18            | 2.23   | 1.92  |
| 75-79   | 2.54                  | 1.46                    | 2.06            | 1.64   | 1.57  |
| 80-84   | 2.27                  | 0.95                    | 1.69            | 1.30   | 1.36  |
| 85+   | 1.72                  | 1.31                    | 1.54            | 1.40   | 1.58  |
| <b>Education</b>  |                       |                         |                 |        |       |
| Full-time participation in secondary school education at age 16 - % | 78.4                  | 79.7                    | 79.1            | 85.4   | 83.1  |
| Participation in vocational education and training - ASR            | 10.5                  | 12.7                    | 11.6            | 12.5   | 9.1   |
| School leaver participation in higher education - %                 | 23.4                  | 21.3                    | 22.4            | 30.2   | 31.1  |
| People who left school at Year 10 or below, or did not go to school | 31.7                  | 31.3                    | 31.5            | 29.2   | 29.8  |
| Learning or Earning at ages 15 to 19                                | 72.8                  | 76.8                    | 74.9            | 80.5   | 79.8  |
| <b>Employment</b>   |                       |                         |                 |        |       |
| <b>Workforce Status – Male - %</b>                                  |                       |                         |                 |        |       |
| Employed  | 92.7                  | 95.2                    | 94.0            | 94.0   | 94.4  |
| Unemployed - Looking for Work                                       | 7.3                   | 4.8                     | 6.0             | 6.0    | 5.6   |
| Not in the Labour Force   | 45.4                  | 29.9                    | 38.5            | 30.2   | 27.1  |
| Not Stated  | 4.4                   | 2.8                     | 3.7             | 4.8    | 6.0   |

| Alexandrina Council                        | Alexandrina<br>- Coastal | Alexandrina<br>-<br>Strathalbyn | Alexandrina<br>-LGA | Region | State |
|--|--------------------------|---------------------------------|---------------------|--------|-------|
| <b>Employment (continued)</b>              |                          |                                 |                     |        |       |
| <b>Workforce Status – Female - %</b>       |                          |                                 |                     |        |       |
| Employed                                   | 94.2                     | 95.0                            | 94.6                | 95.6   | 94.5  |
| Unemployed - Looking for Work              | 5.8                      | 5.0                             | 5.4                 | 4.4    | 5.5   |
| Not in the Labour Force                    | 52.7                     | 40.5                            | 47.9                | 40.5   | 40.8  |
| Not Stated                                 | 4.2                      | 2.3                             | 2.4                 | 3.4    | 4.2   |
| <b>Industry of Employment – Male - %</b>   |                          |                                 |                     |        |       |
| Agriculture, Forestry and Fishing          | 6.9                      | 16.9                            | 11.9                | 7.5    | 5.5   |
| Mining                                     | 3.0                      | 4.0                             | 3.4                 | 2.5    | 2.1   |
| Manufacturing                              | 12.1                     | 11.8                            | 11.6                | 10.7   | 15.4  |
| Electricity, Gas, Water and Waste          | 2.3                      | 2.1                             | 2.1                 | 2.0    | 2.0   |
| Construction                               | 18.3                     | 15.2                            | 16.3                | 14.6   | 12.7  |
| Wholesale Trade                            | 3.0                      | 4.6                             | 3.8                 | 4.3    | 4.7   |
| Retail Trade                               | 9.5                      | 8.3                             | 8.7                 | 9.1    | 9.4   |
| Accommodation and Food Services            | 7.1                      | 3.3                             | 5.0                 | 4.8    | 5.0   |
| Transport, Postal and Warehousing          | 5.9                      | 5.9                             | 5.8                 | 5.1    | 6.4   |
| Information, Media and Telecommunications  | 0.5                      | 0.7                             | 0.6                 | 1.4    | 1.6   |
| Financial and Insurance                    | 1.4                      | 1.0                             | 1.1                 | 1.8    | 2.4   |
| Rental, hiring and real estate             | 1.9                      | 0.9                             | 1.4                 | 1.3    | 1.2   |
| Professional scientific and technical      | 4.0                      | 4.0                             | 3.9                 | 6.4    | 5.7   |
| Administrative and support                 | 3.8                      | 2.3                             | 2.9                 | 2.8    | 2.9   |
| Public Administrative and Safety           | 5.4                      | 4.9                             | 5.0                 | 7.5    | 7.4   |
| Education and Training                     | 4.3                      | 4.0                             | 4.0                 | 5.3    | 4.7   |
| Health Care and Social Assistance          | 4.8                      | 3.9                             | 4.2                 | 5.2    | 5.4   |
| Arts and Recreation                        | 1.2                      | 1.7                             | 1.4                 | 1.5    | 1.2   |
| Other Services                             | 4.5                      | 4.7                             | 4.5                 | 4.2    | 4.2   |
| Not Stated                                 | 2.4                      | 2.3                             | 2.3                 | 1.8    | 2.2   |
| <b>Industry of Employment – Female - %</b> |                          |                                 |                     |        |       |
| Agriculture, Forestry and Fishing          | 3.3                      | 8.0                             | 5.7                 | 3.7    | 2.2   |
| Mining                                     | 0.1                      | 0.7                             | 0.4                 | 0.4    | 0.5   |
| Manufacturing                              | 4.9                      | 7.4                             | 6.2                 | 5.0    | 5.4   |
| Electricity, Gas, Water and Waste          | 0.5                      | 0.2                             | 0.3                 | 0.4    | 0.7   |
| Construction                               | 2.6                      | 2.6                             | 2.6                 | 2.5    | 2.0   |
| Wholesale Trade                            | 1.3                      | 2.3                             | 1.8                 | 2.1    | 2.3   |
| Retail Trade                               | 14.1                     | 13.0                            | 13.5                | 12.9   | 13.5  |
| Accommodation and Food Services            | 11.7                     | 8.0                             | 9.8                 | 8.2    | 7.8   |
| Transport, Postal and Warehousing          | 1.3                      | 1.5                             | 1.4                 | 1.6    | 1.7   |
| Information, Media and Telecommunications  | 0.9                      | 0.9                             | 0.9                 | 1.0    | 1.2   |
| Financial and Insurance                    | 2.4                      | 1.7                             | 2.0                 | 2.8    | 3.7   |
| Rental, hiring and real estate             | 2.6                      | 1.5                             | 2.0                 | 1.6    | 1.4   |
| Professional scientific and technical      | 3.6                      | 5.0                             | 4.3                 | 6.0    | 5.4   |
| Administrative and support                 | 3.6                      | 3.1                             | 3.3                 | 3.7    | 4.1   |
| Public Administrative and Safety           | 5.0                      | 4.5                             | 4.7                 | 6.2    | 6.9   |
| Education and Training                     | 10.0                     | 9.7                             | 9.8                 | 12.6   | 11.6  |
| Health Care and Social Assistance          | 24.7                     | 22.9                            | 23.8                | 22.8   | 22.9  |
| Arts and Recreation                        | 1.2                      | 1.9                             | 1.6                 | 1.5    | 1.3   |
| Other Services                             | 4.6                      | 3.3                             | 3.9                 | 3.5    | 3.6   |
| Not Stated                                 | 1.6                      | 1.9                             | 1.7                 | 1.6    | 1.6   |

| Alexandrina Council   | Alexandrina - Coastal | Alexandrina - Strathalbyn | Alexandrina -LGA | Region | State |
|---|-----------------------|---------------------------|------------------|--------|-------|
| <b>Income and Wealth</b>  |                       |                           |                  |        |       |
| Age pensioners %  | 78.4                  | 76.0                      | 77.6             | 72.1   | 75.3  |
| Disability support pensioners %   | 10.8                  | 6.0                       | 5.5              | 6.3    | 7.2   |
| Female sole parent pensioners %   | 6.8                   | 4.3                       | 5.5              | 3.7    | 5.4   |
| People receiving an unemployment benefit %  | 7.2                   | 4.3                       | 5.8              | 4.2    | 5.3   |
| People receiving an unemployment benefit long-term %  | 5.6                   | 3.1                       | 4.4              | 3.0    | 4.2   |
| Young people aged 15 to 24 receiving an unemployment benefit %  | 9.3                   | 5.4                       | 7.2              | 5.1    | 7.0   |
| Low income, welfare-dependent families (with children) %  | 9.2                   | 7.7                       | 8.5              | 8.0    | 10.0  |
| Health care card holders %  | 10.2                  | 7.0                       | 8.6              | 7.0    | 8.4   |
| Pensioner concession card holders %   | 38.0                  | 23.5                      | 31.6             | 23.7   | 24.2  |
| Total concession card holders   | 39.6                  | 25.0                      | 33.0             | 25.0   | 27.0  |
| Households in dwellings receiving rent assistance from Centrelink   | 23.3                  | 12.5                      | 18.6             | 16.1   | 15.4  |
| Dwellings rented from the government housing authority  | 1.2                   | 2.4                       | 1.7              | 1.6    | 6.1   |
| Mortgage stress   | 14.3                  | 11.2                      | 12.7             | 9.4    | 8.9   |
| Rental stress   | 38.4                  | 30.5                      | 35.3             | 30.1   | 25.9  |
| Financial stress from mortgage or rent  | 27.3                  | 28.1                      | 27.6             | 27.6   | 29.1  |
| <b>Early Life and Childhood</b>   |                       |                           |                  |        |       |
| Children in low income, welfare-dependent families  | 29.7                  | 18.9                      | 24.1             | 17.7   | 24.8  |
| Children aged less than 15 years in jobless families  | 14.7                  | 10.0                      | 12.3             | 9.0    | 15.2  |
| Children fully immunised at 1 year of age   | 94.0                  | 89.0                      | 91.6             | 90.4   | 92.3  |
| Children fully immunised at 2 years of age  | 93.4                  | 90.7                      | 92.0             | 90.3   | 92.6  |
| Children fully immunised at 5 years of age  | 85.4                  | 89.2                      | 87.3             | 87.4   | 87.7  |
| Usual daily intake of two or more serves of fruit (modelled estimate), persons aged 5 to 17 years                       | 56.3                  | 63.8                      | 59.9             | 59.1   | 57.8  |
| Low birth weight babies   | 6.7                   | 6.8                       | 6.7              | 6.5    | 7.0   |
| Smoking during pregnancy  | 19.0                  | 10.5                      | 15.0             | 11.3   | 15.0  |
| Early childhood development: Australian Early Development Index (AEDI), Developmentally vulnerable on 1 or more domains | 17.0                  | 27.0                      | 20.6             | 16.3   | 22.9  |
| Early childhood development: AEDI, Developmentally vulnerable on 2 or more domains                                      | 6.3                   | 14.3                      | 9.1              | 7.7    | 11.5  |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally vulnerable                           | 5.4                   | 14.3                      | 8.6              | 5.8    | 9.9   |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally at risk                              | 8.0                   | 17.5                      | 11.4             | 13.6   | 14.7  |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally on track                             | 86.6                  | 68.3                      | 80.0             | 80.6   | 75.4  |
| Early childhood development: AEDI, Social competence - developmentally vulnerable                                       | 6.3                   | 17.5                      | 10.3             | 6.5    | 10.1  |
| Early childhood development: AEDI, Social competence - developmentally at risk  | 18.8                  | 17.5                      | 18.3             | 16.3   | 16.3  |
| Early childhood development: AEDI, Social competence - developmentally on track   | 75.0                  | 65.1                      | 71.4             | 77.1   | 73.5  |
| Early childhood development: AEDI, Emotional maturity - developmentally vulnerable                                      | 8.0                   | 9.5                       | 8.6              | 8.8    | 10.3  |
| Early childhood development: AEDI, Emotional maturity - developmentally at risk   | 11.6                  | 12.7                      | 12.0             | 12.4   | 15.4  |

| Alexandrina Council   | Alexandrina - Coastal | Alexandrina - Strathalbyn | Alexandrina - LGA | Region | State |
|---|-----------------------|---------------------------|-------------------|--------|-------|
| <b>Early Life and Childhood (continued)</b>   |                       |                           |                   |        |       |
| Early childhood development: AEDI, Emotional maturity - developmentally on track                              | 80.4                  | 77.8                      | 79.4              | 78.8   | 74.3  |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally vulnerable | 3.6                   | 6.3                       | 4.6               | 3.5    | 6.2   |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally at risk    | 13.4                  | 9.5                       | 12.0              | 10.5   | 10.8  |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally on track   | 83.0                  | 84.1                      | 83.4              | 86.0   | 83.0  |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally vulnerable    | 4.5                   | 4.8                       | 4.6               | 3.8    | 8.0   |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally at risk       | 13.4                  | 17.5                      | 14.9              | 14.5   | 16.7  |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally on track      | 82.1                  | 77.8                      | 80.6              | 81.6   | 75.2  |
| <b>Personal Health and Wellbeing</b>  |                       |                           |                   |        |       |
| <b>Health Conditions</b>  |                       |                           |                   |        |       |
| Type 2 diabetes (modelled estimate)   | 3.6                   | 3.3                       | 3.5               | 3.3    | 3.5   |
| High cholesterol (modelled estimate)  | 7.2                   | 7.0                       | 7.1               | 7.1    | 7.4   |
| Circulatory system diseases (modelled estimate)   | 18.4                  | 18.5                      | 18.4              | 18.1   | 18.6  |
| Hypertensive disease (modelled estimate)  | 10.4                  | 11.2                      | 10.7              | 10.7   | 11.0  |
| Respiratory system diseases (modelled estimate)   | 20.9                  | 19.4                      | 20.3              | 22.1   | 27.9  |
| Asthma (modelled estimate)  | 10.2                  | 10.0                      | 10.1              | 10.1   | 9.8   |
| Chronic Obstructive Pulmonary Disease (modelled estimate)   | 2.6                   | 2.4                       | 2.5               | 2.4    | 2.4   |
| Musculoskeletal system diseases (modelled estimate)   | 28.8                  | 28.1                      | 28.5              | 28.6   | 31.5  |
| Arthritis (modelled estimate)   | 15.1                  | 14.7                      | 14.9              | 14.6   | 15.3  |
| Rheumatoid arthritis (modelled estimate)  | 2.2                   | 1.6                       | 2.0               | 1.9    | 2.0   |
| Osteoarthritis (modelled estimate)  | 9.5                   | 9.7                       | 9.5               | 9.3    | 8.7   |
| Females with osteoporosis (modelled estimate)   | 5.0                   | 4.9                       | 5.0               | 4.9    | 4.6   |

| Alexandrina Council   | Alexandrina - Coastal | Alexandrina - Strathalbyn | Alexandrina -LGA | Region | State |
|---|-----------------------|---------------------------|------------------|--------|-------|
| <b>Personal Health and Wellbeing (continued)</b>  |                       |                           |                  |        |       |
| <b>Health Risk Factors</b>  |                       |                           |                  |        |       |
| Male current smokers (modelled estimate), 18 years and over   | 26.6                  | 23.2                      | 25.0             | 23.2   | 22.7  |
| Female current smokers (modelled estimate), 18 years and over   | 18.4                  | 17.0                      | 17.8             | 17.6   | 17.2  |
| Current smokers (modelled estimate), persons 18 years and over  | 22.5                  | 20.1                      | 21.4             | 19.0   | 19.9  |
| Alcohol consumption at levels considered to be a high risk to health (modelled estimate), persons aged 18 years and over  | 4.8                   | 4.6                       | 4.7              | 5.7    | 4.9   |
| Physical inactivity (modelled estimate), persons aged 15 years and over   | 35.4                  | 34.8                      | 35.1             | 34.0   | 35.8  |
| Overweight (not obese) males (modelled estimate), 18 years and over   | 35.9                  | 36.1                      | 36.0             | 36.5   | 36.3  |
| Obese males (modelled estimate), 18 years and over  | 19.4                  | 15.9                      | 17.9             | 16.7   | 17.9  |
| Overweight (not obese) females (modelled estimate), 18 years and over   | 24.0                  | 23.9                      | 24.0             | 24.0   | 23.2  |
| Obese females (modelled estimate), 18 years and over  | 18.9                  | 17.0                      | 18.1             | 16.4   | 17.0  |
| Overweight (not obese) persons (modelled estimate), 18 years and over   | 29.9                  | 30.0                      | 30.0             | 30.3   | 29.6  |
| Obese persons (modelled estimate), 18 years and over  | 19.2                  | 16.5                      | 18.0             | 17.4   | 17.4  |
| Normal weight range (modelled estimate), males aged 18 years and over   | 28.1                  | 32.5                      | 30.0             | 28.5   | 30.4  |
| Normal weight range (modelled estimate), females aged 18 years and over   | 32.8                  | 33.4                      | 33.1             | 33.1   | 34.0  |
| Usual daily intake of two or more serves of fruit (modelled estimate), persons aged 18 years and over   | 48.0                  | 48.9                      | 48.4             | 50.1   | 50.2  |
| People with at least one of four of the following health risk factors - smoking, harmful use of alcohol, physical inactivity, obesity (modelled estimate) - 18 years and over | 59.9                  | 58.2                      | 59.2             | 56.4   | 57.6  |
| <b>Mental Health</b>  |                       |                           |                  |        |       |
| Males with mental and behavioural problems (modelled estimate)  | 12.3                  | 10.6                      | 11.5             | 11.1   | 10.8  |
| Males with mood (affective) problems (modelled estimate)  | 7.2                   | 6.1                       | 6.7              | 6.4    | 6.3   |
| Females with mental and behavioural problems (modelled estimate)  | 13.0                  | 11.6                      | 12.4             | 11.9   | 12.1  |
| Females with mood (affective) problems (modelled estimate)  | 10.0                  | 7.8                       | 9.0              | 8.5    | 8.8   |
| High or very high psychological distress levels (K-10) (modelled estimate), persons aged 18 years and over  | 12.7                  | 10.5                      | 11.7             | 11.0   | 12.1  |
| Males with mental and behavioural problems (modelled estimate)  | 12.3                  | 10.6                      | 11.5             | 11.1   | 10.8  |

| Alexandrina Council  | Alexandrina<br>- Coastal | Alexandrina<br>- Strathalbyn | Alexandrina<br>-LGA | Region | State |
|--|--------------------------|------------------------------|---------------------|--------|-------|
| <b>Personal Health and Wellbeing (continued)</b>   |                          |                              |                     |        |       |
| <b>Avoidable Deaths</b>  |                          |                              |                     |        |       |
| Deaths from cancer, 0 to 74 years  | 89.9                     | 84.3                         | 87.8                | 81.8   | 104.8 |
| Deaths from colorectal cancer, 0 to 74 years   | 11.1                     | ..                           | 8.8                 | 4.8    | 10.3  |
| Deaths from lung cancer, 0 to 74 years   | 15.6                     | 23.2                         | 18.4                | 11.4   | 21.1  |
| Deaths from circulatory system diseases, 0 to 74 years   | 39.7                     | 49.5                         | 43.3                | 41.8   | 51.9  |
| Deaths from ischaemic heart disease, 0 to 74 years   | 20.2                     | 27.0                         | 22.8                | 19.5   | 29.2  |
| Deaths from cerebrovascular diseases, 0 to 74 years  | 14.0                     | 8.6                          | 12.0                | 7.9    | 9.0   |
| Deaths from respiratory system diseases, 0 to 74 years   | 6.8                      | ..                           | 6.8                 | 6.3    | 14.8  |
| Deaths from chronic obstructive pulmonary disease, 45 to 74 years  | 13.3                     | ..                           | 10.3                | 7.8    | 19.6  |
| Deaths from external causes, 0 to 74 years   | 34.9                     | 32.0                         | 33.6                | 29.2   | 32.0  |
| Deaths from road traffic injuries, 0-74yrs   | 17.3                     | 17.9                         | 17.6                | 10.1   | 7.4   |
| Deaths from suicide and self-inflicted injuries, 0-74yrs   | 12.6                     | 12.9                         | 12.7                | 10.9   | 12.8  |
| <b>MBS Item Numbers Usage</b>  |                          |                              |                     |        |       |
| GP services to males (MBS and DVA)   | 99                       | 86                           | 94                  | 96     | 99    |
| GP services to females (MBS and DVA)   | 97                       | 86                           | 92                  | 96     | 99    |
| Total GP services (MBS and DVA)  | 98                       | 86                           | 93                  | 96     | 99    |
| 45 Year Old Health Checks by GPs, males aged 45 to 49 years  | 64                       | 96                           | 80                  | 78     | 76    |
| 45 Year Old Health Checks by GPs, females aged 45 to 49 years  | 59                       | 42                           | 51                  | 56     | 70    |
| 45 Year Old Health Checks by GPs, persons aged 45 to 49 years  | 60                       | 66                           | 63                  | 74     | 76    |
| Annual health assessments by GPs, persons aged 75 years and over   | 60                       | 42                           | 54                  | 108    | 95    |
| Other services by GPs for Enhanced Primary Care items  | 39                       | 43                           | 40                  | 84     | 82    |
| Total services by GPs for Enhanced Primary Care items  | 53                       | 45                           | 50                  | 95     | 88    |
| Practice Nurse services under the MBS  | 172                      | 114                          | 149                 | 148    | 105   |
| Better Access Program: Preparation of Mental Health Care Plan by GPs   | 146                      | 93                           | 122                 | 173    | 98    |
| Better Access Program: Psychiatrists   | 96                       | 82                           | 90                  | 111    | 109   |
| Better Access Program: Psychologists   | 89                       | 114                          | 100                 | 98     | 77    |
| Better Access Program: General Psychologists   | 85                       | 64                           | 75                  | 83     | 51    |
| Better Access Program: Clinical Psychologists  | 95                       | 199                          | 145                 | 123    | 124   |
| Better Access Program: Social Workers  | 462                      | 225                          | 350                 | 140    | 95    |
| Better Access Program: Occupational Therapists   | 52                       | 0                            | 27                  | 51     | 160   |
| GP services to males (MBS and DVA)   | 99                       | 86                           | 94                  | 96     | 99    |
| GP services to females (MBS and DVA)   | 97                       | 86                           | 92                  | 96     | 99    |
| <b>Community Connectedness</b>   |                          |                              |                     |        |       |
| Persons aged 18 years and over who are able to get support in times of crisis from persons outside the household (modelled estimate) | 91.7                     | 92.6                         | 92.1                | 92.3   | 91.9  |
| Persons aged 18 years and over who disagree/strongly disagree with acceptance of other cultures (modelled estimate)                  | 4.3                      | ..                           | 3.9                 | 4.1    | 4.3   |
| Persons aged 18 years and over who accessed the Internet at home in the past 12 months (modelled estimate)                           | 73.7                     | 74.7                         | 74.1                | 75.1   | 73.4  |
| Persons aged 18 years and over who feel very safe/safe walking alone in local area after dark (modelled estimate)                    | 50.1                     | 51.4                         | 50.7                | 50.7   | 45.4  |

# Kangaroo Island Council

|                              | Kangaroo Island | Region | State |
|------------------------------|-----------------|--------|-------|
| <b>Population Male - %</b>   |                 |        |       |
| 0-4                          | 3.14            | 2.92   | 3.06  |
| 5-9                          | 2.92            | 3.09   | 2.97  |
| 10-14                        | 3.43            | 3.32   | 3.02  |
| 15-19                        | 2.34            | 3.24   | 3.25  |
| 20-24                        | 1.99            | 2.67   | 3.56  |
| 25-29                        | 2.41            | 2.09   | 3.52  |
| 30-39                        | 2.65            | 2.14   | 3.17  |
| 35-39                        | 2.57            | 2.74   | 3.15  |
| 40-44                        | 3.32            | 3.47   | 3.52  |
| 45-49                        | 3.27            | 3.41   | 3.41  |
| 50-54                        | 4.62            | 3.78   | 3.45  |
| 55-59                        | 5.13            | 3.67   | 3.13  |
| 60-65                        | 4.76            | 3.62   | 2.88  |
| 65-69                        | 3.56            | 3.30   | 2.43  |
| 70-74                        | 2.41            | 2.32   | 1.78  |
| 75-79                        | 1.13            | 1.57   | 1.35  |
| 80-84                        | 0.82            | 1.14   | 1.02  |
| 85+                          | 1.08            | 0.85   | 0.83  |
| <b>Population Female - %</b> |                 |        |       |
| 0-4                          | 2.68            | 2.79   | 2.93  |
| 5-9                          | 2.74            | 2.99   | 2.84  |
| 10-14                        | 3.01            | 3.19   | 2.89  |
| 15-19                        | 2.15            | 3.02   | 3.09  |
| 20-24                        | 1.75            | 2.39   | 3.38  |
| 25-29                        | 2.48            | 2.09   | 3.38  |
| 30-34                        | 2.30            | 2.37   | 3.12  |
| 35-39                        | 2.83            | 3.06   | 3.14  |
| 40-44                        | 3.41            | 3.73   | 3.51  |
| 45-49                        | 3.69            | 3.63   | 3.43  |
| 50-54                        | 4.16            | 3.83   | 3.52  |
| 55-59                        | 4.29            | 3.78   | 3.24  |
| 60-64                        | 4.07            | 3.86   | 2.99  |
| 65-69                        | 3.01            | 3.35   | 2.56  |
| 70-74                        | 2.08            | 2.23   | 1.92  |
| 75-79                        | 1.35            | 1.64   | 1.57  |
| 80-84                        | 1.11            | 1.30   | 1.36  |
| 85+                          | 1.35            | 1.40   | 1.58  |

| Kangaroo Island Council  | Kangaroo Island | Region | State |
|--|-----------------|--------|-------|
| <b>Education</b>   |                 |        |       |
| <b>Full-time participation in secondary school education at age 16 - %</b> | 76.09           | 85.4   | 83.1  |
| Participation in vocational education and training - ASR                   | 22.30           | 12.50  | 9.10  |
| School leaver participation in higher education - %                        | 29.62           | 30.2   | 31.1  |
| People who left school at Year 10 or below, or did not go to school        | 31.67           | 29.2   | 29.8  |
| Learning or Earning at ages 15 to 19                                       | 83.16           | 80.5   | 79.8  |
| <b>Employment</b>  |                 |        |       |
| <b>Workforce Status – Male - %</b>   |                 |        |       |
| Employed   | 94.5            | 94.0   | 94.4  |
| Unemployed - Looking for Work  | 5.5             | 6.0    | 5.6   |
| Not in the Labour Force  | 28.6            | 30.2   | 27.1  |
| Not Stated   | 5.3             | 4.8    | 6.0   |
| <b>Workforce Status – Female - %</b>                                       |                 |        |       |
| Employed   | 96.9            | 95.6   | 94.5  |
| Unemployed - Looking for Work  | 3.1             | 4.4    | 5.5   |
| Not in the Labour Force  | 34.9            | 40.5   | 40.8  |
| Not Stated   | 4.7             | 3.4    | 4.2   |

| Kangaroo Island Council                    | Kangaroo Island | Region | State |
|--|-----------------|--------|-------|
| <b>Employment (continued)</b>              |                 |        |       |
| <b>Industry of Employment – Male - %</b>   |                 |        |       |
| Agriculture, Forestry and Fishing          | 31.0            | 7.5    | 5.5   |
| Mining                                     | 0.5             | 2.5    | 2.1   |
| Manufacturing                              | 4.6             | 10.7   | 15.4  |
| Electricity, Gas, Water and Waste          | 2.2             | 2.0    | 2.0   |
| Construction                               | 11.5            | 14.6   | 12.7  |
| Wholesale Trade                            | 3.8             | 4.3    | 4.7   |
| Retail Trade                               | 7.4             | 9.1    | 9.4   |
| Accommodation and Food Services            | 7.9             | 4.8    | 5.0   |
| Transport, Postal and Warehousing          | 6.5             | 5.1    | 6.4   |
| Information, Media and Telecommunications  | 0.4             | 1.4    | 1.6   |
| Financial and Insurance                    | 0.0             | 1.8    | 2.4   |
| Rental, hiring and real estate             | 1.3             | 1.3    | 1.2   |
| Professional scientific and technical      | 1.7             | 6.4    | 5.7   |
| Administrative and support                 | 2.8             | 2.8    | 2.9   |
| Public Administrative and Safety           | 5.8             | 7.5    | 7.4   |
| Education and Training                     | 2.8             | 5.3    | 4.7   |
| Health Care and Social Assistance          | 2.9             | 5.2    | 5.4   |
| Arts and Recreation                        | 1.9             | 1.5    | 1.2   |
| Other Services                             | 2.9             | 4.2    | 4.2   |
| Not Stated                                 | 2.1             | 1.8    | 2.2   |
| <b>Industry of Employment – Female - %</b> |                 |        |       |
| Agriculture, Forestry and Fishing          | 9.9             | 3.7    | 2.2   |
| Mining                                     | 0.0             | 0.4    | 0.5   |
| Manufacturing                              | 2.1             | 5.0    | 5.4   |
| Electricity, Gas, Water and Waste          | 0.3             | 0.4    | 0.7   |
| Construction                               | 1.5             | 2.5    | 2.0   |
| Wholesale Trade                            | 2.7             | 2.1    | 2.3   |
| Retail Trade                               | 13.4            | 12.9   | 13.5  |
| Accommodation and Food Services            | 17.9            | 8.2    | 7.8   |
| Transport, Postal and Warehousing          | 4.1             | 1.6    | 1.7   |
| Information, Media and Telecommunications  | 0.8             | 1.0    | 1.2   |
| Financial and Insurance                    | 1.1             | 2.8    | 3.7   |
| Rental, hiring and real estate             | 1.3             | 1.6    | 1.4   |
| Professional scientific and technical      | 4.4             | 6.0    | 5.4   |
| Administrative and support                 | 4.7             | 3.7    | 4.1   |
| Public Administrative and Safety           | 6.2             | 6.2    | 6.9   |
| Education and Training                     | 8.5             | 12.6   | 11.6  |
| Health Care and Social Assistance          | 14.6            | 22.8   | 22.9  |
| Arts and Recreation                        | 1.7             | 1.5    | 1.3   |
| Other Services                             | 2.7             | 3.5    | 3.6   |
| Not Stated                                 | 2.0             | 1.6    | 1.6   |

| Kangaroo Island Council   | Kangaroo Island | Region | State |
|---|-----------------|--------|-------|
| <b>Income and Wealth</b>  |                 |        |       |
| Age pensioners %  | 61.7            | 72.1   | 75.3  |
| Disability support pensioners %   | 9.5             | 6.3    | 7.2   |
| Female sole parent pensioners %   | 3.9             | 3.7    | 5.4   |
| People receiving an unemployment benefit %  | 5.3             | 4.2    | 5.3   |
| People receiving an unemployment benefit long-term %  | 4.3             | 3.0    | 4.2   |
| Young people aged 15 to 24 receiving an unemployment benefit %  | ..              | 5.1    | 7.0   |
| Low income, welfare-dependent families (with children) %  | 7.7             | 8.0    | 10.0  |
| Health care card holders %  | 8.1             | 7.0    | 8.4   |
| Pensioner concession card holders %   | 20.8            | 23.7   | 24.2  |
| Total concession card holders   | 23.8            | 25.0   | 27.0  |
| Households in dwellings receiving rent assistance from Centrelink   | 11.7            | 16.1   | 15.4  |
| Dwellings rented from the government housing authority  | 2.2             | 1.6    | 6.1   |
| Mortgage stress   | 16.9            | 9.4    | 8.9   |
| Rental stress   | 21.9            | 30.1   | 25.9  |
| Financial stress from mortgage or rent  | 25.5            | 27.6   | 29.1  |
| <b>Early Life and Childhood</b>   |                 |        |       |
| Children in low income, welfare-dependent families  | 20.1            | 17.7   | 24.8  |
| Children aged less than 15 years in jobless families  | 9.7             | 9.0    | 15.2  |
| Children fully immunised at 1 year of age   | 95.9            | 90.4   | 92.3  |
| Children fully immunised at 2 years of age  | 89.3            | 90.3   | 92.6  |
| Children fully immunised at 5 years of age  | 79.5            | 87.4   | 87.7  |
| Usual daily intake of two or more serves of fruit (modelled estimate), persons aged 5 to 17 years                       | 54.9            | 59.1   | 57.8  |
| Low birth weight babies   | 8.1             | 6.5    | 7.0   |
| Smoking during pregnancy  | 21.1            | 11.3   | 15.0  |
| Early childhood development: Australian Early Development Index (AEDI), Developmentally vulnerable on 1 or more domains | 29.8            | 16.3   | 22.9  |
| Early childhood development: AEDI, Developmentally vulnerable on 2 or more domains                                      | 4.3             | 7.7    | 11.5  |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally vulnerable                           | 8.5             | 5.8    | 9.9   |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally at risk                              | 6.4             | 13.6   | 14.7  |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally on track                             | 85.1            | 80.6   | 75.4  |
| Early childhood development: AEDI, Social competence - developmentally vulnerable                                       | 4.3             | 6.5    | 10.1  |
| Early childhood development: AEDI, Social competence - developmentally at risk  | 25.5            | 16.3   | 16.3  |
| Early childhood development: AEDI, Social competence - developmentally on track   | 70.2            | 77.1   | 73.5  |
| Early childhood development: AEDI, Emotional maturity - developmentally vulnerable                                      | 19.1            | 8.8    | 10.3  |
| Early childhood development: AEDI, Emotional maturity - developmentally at risk   | 14.9            | 12.4   | 15.4  |
| Early childhood development: AEDI, Emotional maturity - developmentally on track  | 66.0            | 78.8   | 74.3  |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally vulnerable           | 2.1             | 3.5    | 6.2   |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally at risk              | 19.1            | 10.5   | 10.8  |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally on track             | 78.7            | 86.0   | 83.0  |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally vulnerable              | 0.0             | 3.8    | 8.0   |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally at risk                 | 10.6            | 14.5   | 16.7  |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally on track                | 89.4            | 81.6   | 75.2  |

| Kangaroo Island Council   | Kangaroo Island | Region | State |
|---|-----------------|--------|-------|
| <b>Personal Health and Wellbeing</b>  |                 |        |       |
| <b>Health Conditions</b>  |                 |        |       |
| Type 2 diabetes (modelled estimate)   | 3.3             | 3.3    | 3.5   |
| High cholesterol (modelled estimate)  | 6.9             | 7.1    | 7.4   |
| Circulatory system diseases (modelled estimate)   | 18.3            | 18.1   | 18.6  |
| Hypertensive disease (modelled estimate)  | 11.1            | 10.7   | 11.0  |
| Respiratory system diseases (modelled estimate)   | 26.0            | 22.1   | 27.9  |
| Asthma (modelled estimate)  | 9.9             | 10.1   | 9.8   |
| Chronic Obstructive Pulmonary Disease (modelled estimate)   | 2.4             | 2.4    | 2.4   |
| Musculoskeletal system diseases (modelled estimate)   | 27.9            | 28.6   | 31.5  |
| Arthritis (modelled estimate)   | 14.4            | 14.6   | 15.3  |
| Rheumatoid arthritis (modelled estimate)  | 1.6             | 1.9    | 2.0   |
| Osteoarthritis (modelled estimate)  | 8.4             | 9.3    | 8.7   |
| Females with osteoporosis (modelled estimate)   | 4.9             | 4.9    | 4.6   |
| <b>Health Risk Factors</b>  |                 |        |       |
| Male current smokers (modelled estimate), 18 years and over   | 24.7            | 23.2   | 22.7  |
| Female current smokers (modelled estimate), 18 years and over   | 23.7            | 17.6   | 17.2  |
| Current smokers (modelled estimate), persons 18 years and over  | 24.2            | 19.0   | 19.9  |
| Alcohol consumption at levels considered to be a high risk to health (modelled estimate), persons aged 18 years and over  | 11.3            | 5.7    | 4.9   |
| Physical inactivity (modelled estimate), persons aged 15 years and over   | 36.1            | 34.0   | 35.8  |
| Overweight (not obese) males (modelled estimate), 18 years and over   | 35.4            | 36.5   | 36.3  |
| Obese males (modelled estimate), 18 years and over  | 19.3            | 16.7   | 17.9  |
| Overweight (not obese) females (modelled estimate), 18 years and over   | 24.1            | 24.0   | 23.2  |
| Obese females (modelled estimate), 18 years and over  | 17.1            | 16.4   | 17.0  |
| Overweight (not obese) persons (modelled estimate), 18 years and over   | 30.0            | 30.3   | 29.6  |
| Obese persons (modelled estimate), 18 years and over  | 18.2            | 17.4   | 17.4  |
| Normal weight range (modelled estimate), males aged 18 years and over   | 17.6            | 28.5   | 30.4  |
| Normal weight range (modelled estimate), females aged 18 years and over   | 26.2            | 33.1   | 34.0  |
| Usual daily intake of two or more serves of fruit (modelled estimate), persons aged 18 years and over   | 48.3            | 50.1   | 50.2  |
| People with at least one of four of the following health risk factors - smoking, harmful use of alcohol, physical inactivity, obesity (modelled estimate) - 18 years and over | 59.8            | 56.4   | 57.6  |
| <b>Mental Health</b>  |                 |        |       |
| Males with mental and behavioural problems (modelled estimate)  | 11.3            | 11.1   | 10.8  |
| Males with mood (affective) problems (modelled estimate)  | 6.6             | 6.4    | 6.3   |
| Females with mental and behavioural problems (modelled estimate)  | 11.5            | 11.9   | 12.1  |
| Females with mood (affective) problems (modelled estimate)  | 7.6             | 8.5    | 8.8   |
| High or very high psychological distress levels (K-10) (modelled estimate), persons aged 18 years and over  | 11.2            | 11.0   | 12.1  |

| Kangaroo Island Council  | Kangaroo Island | Region | State |
|--|-----------------|--------|-------|
| <b>Personal Health and Wellbeing (continued)</b>   |                 |        |       |
| <b>Avoidable Deaths</b>  |                 |        |       |
| Deaths from cancer, 0 to 74 years  | 61.0            | 81.8   | 104.8 |
| Deaths from colorectal cancer, 0 to 74 years   | ..              | 4.8    | 10.3  |
| Deaths from lung cancer, 0 to 74 years   | ..              | 11.4   | 21.1  |
| Deaths from circulatory system diseases, 0 to 74 years   | 35.1            | 41.8   | 51.9  |
| Deaths from ischaemic heart disease, 0 to 74 years   | ..              | 19.5   | 29.2  |
| Deaths from cerebrovascular diseases, 0 to 74 years  | ..              | 7.9    | 9.0   |
| Deaths from respiratory system diseases, 0 to 74 years   | ..              | 6.3    | 14.8  |
| Deaths from chronic obstructive pulmonary disease, 45 to 74 years  | 0.0             | 7.8    | 19.6  |
| Deaths from external causes, 0 to 74 years   | 47.4            | 29.2   | 32.0  |
| Deaths from road traffic injuries, 0-74yrs   | ..              | 10.1   | 7.4   |
| Deaths from suicide and self-inflicted injuries, 0-74yrs   | 23.5            | 10.9   | 12.8  |
| <b>MBS Item Numbers Usage</b>  |                 |        |       |
| GP services to males (MBS and DVA)   | 89              | 96     | 99    |
| GP services to females (MBS and DVA)   | 86              | 96     | 99    |
| Total GP services (MBS and DVA)  | 87              | 96     | 99    |
| 45 Year Old Health Checks by GPs, males aged 45 to 49 years  | 156             | 78     | 76    |
| 45 Year Old Health Checks by GPs, females aged 45 to 49 years  | 150             | 56     | 70    |
| 45 Year Old Health Checks by GPs, persons aged 45 to 49 years  | 149             | 74     | 76    |
| Annual health assessments by GPs, persons aged 75 years and over   | 219             | 108    | 95    |
| Other services by GPs for Enhanced Primary Care items  | 163             | 84     | 82    |
| Total services by GPs for Enhanced Primary Care items  | 187             | 95     | 88    |
| Practice Nurse services under the MBS  | 166             | 148    | 105   |
| Better Access Program: Preparation of Mental Health Care Plan by GPs   | 158             | 173    | 98    |
| Better Access Program: Psychiatrists   | 57              | 111    | 109   |
| Better Access Program: Psychologists   | 65              | 98     | 77    |
| Better Access Program: General Psychologists   | 97              | 83     | 51    |
| Better Access Program: Clinical Psychologists  | 11              | 123    | 124   |
| Better Access Program: Social Workers  | 0               | 140    | 95    |
| Better Access Program: Occupational Therapists   | 0               | 51     | 160   |
| <b>Community Connectedness</b>   |                 |        |       |
| Persons aged 18 years and over who are able to get support in times of crisis from persons outside the household (modelled estimate) | 92.3            | 92.3   | 91.9  |
| Persons aged 18 years and over who disagree/strongly disagree with acceptance of other cultures (modelled estimate)                  | 4.5             | 4.1    | 4.3   |
| Persons aged 18 years and over who accessed the Internet at home in the past 12 months (modelled estimate)                           | 74.8            | 75.1   | 73.4  |
| Persons aged 18 years and over who feel very safe/safe walking alone in local area after dark (modelled estimate)                    | 52.2            | 50.7   | 45.4  |

## District Council of Mount Barker

|   | Mt Barker - Central | Mt Barker - Balance | Mt Barker - LGA | Region | State |
|---|---------------------|---------------------|-----------------|--------|-------|
| <b>Population Male - %</b>  |                     |                     |                 |        |       |
| 0-4   | 3.60                | 3.13                | 3.46            | 2.92   | 3.06  |
| 5-9   | 3.66                | 3.29                | 3.55            | 3.09   | 2.97  |
| 10-14   | 3.79                | 3.79                | 3.79            | 3.32   | 3.02  |
| 15-19   | 3.23                | 3.48                | 3.30            | 3.24   | 3.25  |
| 20-24   | 3.18                | 2.38                | 2.94            | 2.67   | 3.56  |
| 25-29   | 2.89                | 2.20                | 2.69            | 2.09   | 3.52  |
| 30-34   | 2.97                | 2.35                | 2.78            | 2.14   | 3.17  |
| 35-39   | 3.31                | 2.79                | 3.16            | 2.74   | 3.15  |
| 40-44   | 3.84                | 4.25                | 3.96            | 3.47   | 3.52  |
| 45-49   | 3.29                | 4.28                | 3.58            | 3.41   | 3.41  |
| 50-54   | 3.20                | 4.51                | 3.59            | 3.78   | 3.45  |
| 55-59   | 2.96                | 3.74                | 3.19            | 3.67   | 3.13  |
| 60-64   | 2.51                | 3.28                | 2.74            | 3.62   | 2.88  |
| 65-69   | 2.09                | 2.62                | 2.25            | 3.30   | 2.43  |
| 70-74   | 1.36                | 1.50                | 1.40            | 2.32   | 1.78  |
| 75-79   | 0.93                | 0.91                | 0.93            | 1.57   | 1.35  |
| 80-84   | 0.79                | 0.72                | 0.77            | 1.14   | 1.02  |
| 85+   | 0.52                | 0.52                | 0.52            | 0.85   | 0.83  |
| <b>Population Female - %</b>  |                     |                     |                 |        |       |
| 0-4   | 3.77                | 3.24                | 3.61            | 2.79   | 2.93  |
| 5-9   | 3.45                | 3.34                | 3.42            | 2.99   | 2.84  |
| 10-14   | 3.54                | 3.64                | 3.57            | 3.19   | 2.89  |
| 15-19   | 3.46                | 3.42                | 3.45            | 3.02   | 3.09  |
| 20-24   | 3.35                | 2.53                | 3.10            | 2.39   | 3.38  |
| 25-29   | 3.13                | 2.30                | 2.89            | 2.09   | 3.38  |
| 30-34   | 3.22                | 2.64                | 3.05            | 2.37   | 3.12  |
| 35-39   | 3.99                | 3.19                | 3.75            | 3.06   | 3.14  |
| 40-44   | 4.17                | 4.30                | 4.21            | 3.73   | 3.51  |
| 45-49   | 3.61                | 4.21                | 3.79            | 3.63   | 3.43  |
| 50-54   | 3.37                | 4.18                | 3.61            | 3.83   | 3.52  |
| 55-59   | 3.19                | 3.92                | 3.40            | 3.78   | 3.24  |
| 60-64   | 2.77                | 2.85                | 2.79            | 3.86   | 2.99  |
| 65-69   | 2.38                | 2.43                | 2.40            | 3.35   | 2.56  |
| 70-74   | 1.40                | 1.41                | 1.40            | 2.23   | 1.92  |
| 75-79   | 1.14                | 1.01                | 1.10            | 1.64   | 1.57  |
| 80-84   | 0.88                | 0.68                | 0.82            | 1.30   | 1.36  |
| 85+   | 1.05                | 0.98                | 1.03            | 1.40   | 1.58  |
| <b>Education</b>  |                     |                     |                 |        |       |
| Full-time participation in secondary school education at age 16 - % | 85.40               | 85.38               | 85.40           | 85.39  | 83.06 |
| Participation in vocational education and training - ASR            | 75.80               | 64.40               | 72.40           | 72.1   | 75.3  |
| School leaver participation in higher education - %                 | 31.81               | 25.30               | 29.69           | 30.22  | 31.07 |
| People who left school at Year 10 or below, or did not go to school | 28.24               | 26.79               | 27.80           | 29.20  | 29.81 |
| Learning or Earning at ages 15 to 19                                | 81.09               | 80.65               | 80.95           | 80.53  | 79.76 |
| <b>Employment</b>   |                     |                     |                 |        |       |
| <b>Workforce Status – Male - %</b>                                  |                     |                     |                 |        |       |
| Employed  | 95.3                | 95.9                | 95.5            | 94.0   | 94.4  |
| Unemployed - Looking for Work                                       | 4.7                 | 4.1                 | 4.5             | 6.0    | 5.6   |
| Not in the Labour Force   | 23.8                | 20.4                | 22.8            | 30.2   | 27.1  |
| Not Stated  | 3.4                 | 2.9                 | 3.2             | 4.8    | 6.0   |

| District Council of Mount Barker           | Mt Barker - Central | Mt Barker - Balance | Mt Barker - LGA | Region | State |
|--|---------------------|---------------------|-----------------|--------|-------|
| <b>Employment (continued)</b>              |                     |                     |                 |        |       |
| <b>Workforce Status – Female - %</b>       |                     |                     |                 |        |       |
| Employed                                   | 94.9                | 97.0                | 95.6            | 95.6   | 94.5  |
| Unemployed - Looking for Work              | 5.1                 | 3.0                 | 4.4             | 4.4    | 5.5   |
| Not in the Labour Force                    | 36.1                | 31.3                | 34.7            | 40.5   | 40.8  |
| Not Stated                                 | 2.6                 | 2.2                 | 2.5             | 3.4    | 4.2   |
| <b>Industry of Employment – Male - %</b>   |                     |                     |                 |        |       |
| Agriculture, Forestry and Fishing          | 2.52                | 9.13                | 4.62            | 7.46   | 5.48  |
| Mining                                     | 2.57                | 3.19                | 2.73            | 2.51   | 2.11  |
| Manufacturing                              | 10.89               | 12.16               | 11.14           | 10.67  | 15.41 |
| Electricity, Gas, Water and Waste          | 2.54                | 1.65                | 2.21            | 2.03   | 1.99  |
| Construction                               | 13.79               | 17.11               | 14.66           | 14.62  | 12.67 |
| Wholesale Trade                            | 5.61                | 3.86                | 4.96            | 4.31   | 4.68  |
| Retail Trade                               | 11.93               | 7.91                | 10.45           | 9.09   | 9.37  |
| Accommodation and Food Services            | 4.48                | 4.17                | 4.31            | 4.82   | 4.97  |
| Transport, Postal and Warehousing          | 5.92                | 5.74                | 5.77            | 5.10   | 6.44  |
| Information, Media and Telecommunications  | 2.04                | 1.42                | 1.81            | 1.45   | 1.63  |
| Financial and Insurance                    | 2.36                | 1.77                | 2.14            | 1.84   | 2.36  |
| Rental, hiring and real estate             | 1.19                | 1.18                | 1.17            | 1.32   | 1.22  |
| Professional scientific and technical      | 5.86                | 5.98                | 5.81            | 6.39   | 5.65  |
| Administrative and support                 | 2.79                | 2.83                | 2.76            | 2.83   | 2.93  |
| Public Administrative and Safety           | 9.66                | 7.12                | 8.70            | 7.53   | 7.42  |
| Education and Training                     | 4.84                | 4.09                | 4.53            | 5.30   | 4.74  |
| Health Care and Social Assistance          | 4.76                | 4.45                | 4.59            | 5.20   | 5.44  |
| Arts and Recreation                        | 1.31                | 1.61                | 1.39            | 1.51   | 1.24  |
| Other Services                             | 4.96                | 4.64                | 4.78            | 4.19   | 4.23  |
| Not Stated                                 | 1.31                | 1.93                | 1.49            | 1.82   | 2.16  |
| <b>Industry of Employment – Female - %</b> |                     |                     |                 |        |       |
| Agriculture, Forestry and Fishing          | 1.16                | 5.39                | 2.48            | 3.67   | 2.24  |
| Mining                                     | 0.32                | 0.88                | 0.50            | 0.44   | 0.45  |
| Manufacturing                              | 5.31                | 5.66                | 5.42            | 4.95   | 5.42  |
| Electricity, Gas, Water and Waste          | 0.62                | 0.57                | 0.61            | 0.43   | 0.66  |
| Construction                               | 2.50                | 3.45                | 2.79            | 2.53   | 2.03  |
| Wholesale Trade                            | 2.04                | 2.39                | 2.15            | 2.07   | 2.28  |
| Retail Trade                               | 15.07               | 11.94               | 14.10           | 12.87  | 13.55 |
| Accommodation and Food Services            | 7.54                | 6.81                | 7.32            | 8.24   | 7.82  |
| Transport, Postal and Warehousing          | 1.84                | 1.86                | 1.84            | 1.59   | 1.73  |
| Information, Media and Telecommunications  | 1.26                | 0.80                | 1.11            | 1.01   | 1.24  |
| Financial and Insurance                    | 3.55                | 2.39                | 3.19            | 2.81   | 3.74  |
| Rental, hiring and real estate             | 1.64                | 1.24                | 1.51            | 1.65   | 1.37  |
| Professional scientific and technical      | 5.81                | 6.90                | 6.15            | 5.99   | 5.43  |
| Administrative and support                 | 4.39                | 3.27                | 4.04            | 3.66   | 4.08  |
| Public Administrative and Safety           | 7.27                | 6.23                | 6.94            | 6.16   | 6.85  |
| Education and Training                     | 12.16               | 11.89               | 12.07           | 12.62  | 11.63 |
| Health Care and Social Assistance          | 20.92               | 21.79               | 21.19           | 22.76  | 22.92 |
| Arts and Recreation                        | 1.48                | 1.33                | 1.43            | 1.50   | 1.31  |
| Other Services                             | 3.71                | 3.01                | 3.49            | 3.45   | 3.63  |
| Not Stated                                 | 1.44                | 2.21                | 1.68            | 1.60   | 1.62  |

| District Council of Mount Barker  | Mt Barker - Central | Mt Barker - Balance | Mt Barker - LGA | Region | State |
|---|---------------------|---------------------|-----------------|--------|-------|
| <b>Income and Wealth</b>  |                     |                     |                 |        |       |
| Age pensioners %  | 75.80               | 64.40               | 72.40           | 72.1   | 75.3  |
| Disability support pensioners %   | 5.30                | 3.90                | 7.00            | 6.3    | 7.2   |
| Female sole parent pensioners %   | 4.85                | 3.53                | 3.46            | 3.66   | 5.37  |
| People receiving an unemployment benefit %  | 3.65                | 3.35                | 3.56            | 4.22   | 5.34  |
| People receiving an unemployment benefit long-term %  | 2.67                | 2.47                | 1.87            | 3.01   | 4.16  |
| Young people aged 15 to 24 receiving an unemployment benefit %  | 4.81                | 3.88                | 4.55            | 5.13   | 7.03  |
| Low income, welfare-dependent families (with children) %  | 8.50                | 6.54                | 7.89            | 7.97   | 10.00 |
| Health care card holders %  | 6.97                | 6.20                | 6.74            | 7.05   | 8.43  |
| Pensioner concession card holders %   | 19.72               | 15.64               | 18.49           | 23.66  | 24.25 |
| Total concession card holders   | 21.52               | 17.85               | 20.42           | 25.04  | 27.00 |
| Households in dwellings receiving rent assistance from Centrelink   | 15.00               | 9.93                | 13.50           | 16.08  | 15.37 |
| Dwellings rented from the government housing authority  | 4.39                | 0.43                | 3.22            | 1.59   | 6.13  |
| Mortgage stress   | 7.58                | 9.56                | 8.22            | 9.35   | 8.93  |
| Rental stress   | 29.86               | 24.59               | 28.96           | 30.14  | 25.92 |
| Financial stress from mortgage or rent  | 36.66               | 31.29               | 35.28           | 27.63  | 29.12 |
| <b>Early Life and Childhood</b>   |                     |                     |                 |        |       |
| Children in low income, welfare-dependent families  | 17.85               | 15.05               | 17.05           | 17.74  | 24.77 |
| Children aged less than 15 years in jobless families  | 9.15                | 6.83                | 8.47            | 9.04   | 15.19 |
| Children fully immunised at 1 year of age   | 92.25               | 85.87               | 90.57           | 90.45  | 92.30 |
| Children fully immunised at 2 years of age  | 90.20               | 88.53               | 89.78           | 90.26  | 92.64 |
| Children fully immunised at 5 years of age  | 88.24               | 85.81               | 87.65           | 87.35  | 87.65 |
| Usual daily intake of two or more serves of fruit (modelled estimate), persons aged 5 to 17 years                       | 60.93               | 62.50               | 61.43           | 59.1   | 57.78 |
| Low birth weight babies   | 6.96                | 4.74                | 6.53            | 6.50   | 7.04  |
| Smoking during pregnancy  | 11.27               | 11.97               | 11.41           | 11.27  | 15.04 |
| Early childhood development: Australian Early Development Index (AEDI), Developmentally vulnerable on 1 or more domains | 20.62               | 17.14               | 19.16           | 16.33  | 22.87 |
| Early childhood development: AEDI, Developmentally vulnerable on 2 or more domains                                      | 12.37               | 7.86                | 10.48           | 7.65   | 11.54 |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally vulnerable                           | 8.76                | 4.29                | 6.89            | 5.78   | 9.92  |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally at risk                              | 15.46               | 20.71               | 17.66           | 13.61  | 14.70 |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally on track                             | 75.77               | 75.00               | 75.45           | 80.61  | 75.38 |
| Early childhood development: AEDI, Social competence - developmentally vulnerable                                       | 9.79                | 7.86                | 8.98            | 6.55   | 10.13 |
| Early childhood development: AEDI, Social competence - developmentally at risk  | 18.56               | 18.57               | 18.56           | 16.33  | 16.34 |
| Early childhood development: AEDI, Social competence - developmentally on track   | 71.65               | 73.57               | 72.46           | 77.13  | 73.53 |
| Early childhood development: AEDI, Emotional maturity - developmentally vulnerable                                      | 12.89               | 10.00               | 11.68           | 8.76   | 10.30 |
| Early childhood development: AEDI, Emotional maturity - developmentally at risk   | 15.98               | 14.29               | 15.27           | 12.41  | 15.43 |

| District Council of Mount Barker  | Mt Barker - Central | Mt Barker - Balance | Mt Barker - LGA | Region | State |
|---|---------------------|---------------------|-----------------|--------|-------|
| <b>Early Life and Childhood (continued)</b>   |                     |                     |                 |        |       |
| Early childhood development: AEDI, Emotional maturity - developmentally on track                              | 71.13               | 75.71               | 73.05           | 78.83  | 74.28 |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally vulnerable | 5.67                | <b>2.14</b>         | <b>4.19</b>     | 3.49   | 6.18  |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally at risk    | 10.31               | 11.43               | 10.78           | 10.54  | 10.79 |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally on track   | 84.02               | 86.43               | 85.03           | 85.97  | 83.03 |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally vulnerable    | <b>4.12</b>         | <b>5.00</b>         | <b>4.49</b>     | 3.83   | 8.01  |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally at risk       | 15.46               | <b>20.00</b>        | 17.37           | 14.54  | 16.74 |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally on track      | 80.41               | 75.00               | 78.14           | 81.63  | 75.25 |
| <b>Personal Health and Wellbeing</b>  |                     |                     |                 |        |       |
| <b>Health Conditions</b>  |                     |                     |                 |        |       |
| Type 2 diabetes (modelled estimate)   | 3.37                | <b>3.08</b>         | 3.28            | 3.30   | 3.51  |
| High cholesterol (modelled estimate)  | 7.51                | 6.86                | 7.29            | 7.10   | 7.39  |
| Circulatory system diseases (modelled estimate)   | 19.41               | <b>16.70</b>        | 18.56           | 18.10  | 18.61 |
| Hypertensive disease (modelled estimate)  | 11.33               | 11.28               | 11.31           | 10.70  | 11.05 |
| Respiratory system diseases (modelled estimate)   | <b>19.69</b>        | <b>19.00</b>        | <b>19.48</b>    | 22.10  | 27.88 |
| Asthma (modelled estimate)  | 9.99                | 9.68                | 9.90            | 10.10  | 9.77  |
| Chronic Obstructive Pulmonary Disease (modelled estimate)   | 2.46                | 2.26                | 2.40            | 2.40   | 2.44  |
| Musculoskeletal system diseases (modelled estimate)   | <b>28.28</b>        | <b>26.88</b>        | <b>27.83</b>    | 28.60  | 31.54 |
| Arthritis (modelled estimate)   | 15.15               | <b>13.75</b>        | 14.70           | 14.60  | 15.34 |
| Rheumatoid arthritis (modelled estimate)  | <b>1.62</b>         | 2.03                | 1.76            | 1.90   | 1.96  |
| Osteoarthritis (modelled estimate)  | <b>10.47</b>        | 9.50                | <b>10.16</b>    | 9.30   | 8.72  |
| Females with osteoporosis (modelled estimate)   | 4.91                | 4.43                | 4.78            | 4.90   | 4.60  |

| District Council of Mount Barker  | Mt Barker - Central | Mt Barker - Balance | Mt Barker - LGA | Region | State |
|---|---------------------|---------------------|-----------------|--------|-------|
| <b>Personal Health and Wellbeing (continued)</b>  |                     |                     |                 |        |       |
| <b>Health Risk Factors</b>  |                     |                     |                 |        |       |
| Male current smokers (modelled estimate), 18 years and over   | 22.09               | 21.42               | 21.88           | 23.20  | 22.68 |
| Female current smokers (modelled estimate), 18 years and over   | 17.20               | 15.76               | 16.77           | 17.60  | 17.19 |
| Current smokers (modelled estimate), persons 18 years and over  | 19.52               | 18.55               | 19.22           | 19.00  | 19.89 |
| Alcohol consumption at levels considered to be a high risk to health (modelled estimate), persons aged 18 years and over  | 4.45                | 4.48                | 4.46            | 5.70   | 4.86  |
| Physical inactivity (modelled estimate), persons aged 15 years and over   | 33.87               | 32.26               | 33.37           | 34.00  | 35.81 |
| Overweight (not obese) males (modelled estimate), 18 years and over   | 37.16               | 36.52               | 36.95           | 36.50  | 36.26 |
| Obese males (modelled estimate), 18 years and over  | 15.48               | 15.26               | 15.41           | 16.70  | 17.85 |
| Overweight (not obese) females (modelled estimate), 18 years and over   | 24.02               | 23.83               | 23.96           | 24.00  | 23.18 |
| Obese females (modelled estimate), 18 years and over  | 17.19               | 13.98               | 16.20           | 16.40  | 17.02 |
| Overweight (not obese) persons (modelled estimate), 18 years and over   | 30.23               | 30.27               | 30.25           | 30.30  | 29.59 |
| Obese persons (modelled estimate), 18 years and over  | 16.37               | 14.60               | 15.80           | 17.40  | 17.44 |
| Normal weight range (modelled estimate), males aged 18 years and over   | 32.55               | 32.29               | 32.47           | 28.50  | 30.42 |
| Normal weight range (modelled estimate), females aged 18 years and over   | 33.74               | 34.15               | 33.86           | 33.10  | 33.97 |
| Usual daily intake of two or more serves of fruit (modelled estimate), persons aged 18 years and over   | 49.71               | 48.97               | 49.48           | 50.10  | 50.25 |
| People with at least one of four of the following health risk factors - smoking, harmful use of alcohol, physical inactivity, obesity (modelled estimate) - 18 years and over | 54.06               | 51.99               | 53.42           | 56.40  | 57.65 |
| <b>Mental Health</b>  |                     |                     |                 |        |       |
| Males with mental and behavioural problems (modelled estimate)  | 10.22               | 9.88                | 10.11           | 11.10  | 10.77 |
| Males with mood (affective) problems (modelled estimate)  | 5.87                | 5.57                | 5.77            | 6.40   | 6.33  |
| Females with mental and behavioural problems (modelled estimate)  | 11.97               | 11.02               | 11.68           | 11.90  | 12.12 |
| Females with mood (affective) problems (modelled estimate)  | 8.10                | 7.20                | 7.83            | 8.50   | 8.77  |
| High or very high psychological distress levels (K-10) (modelled estimate), persons aged 18 years and over  | 10.58               | 9.41                | 10.22           | 11.00  | 12.13 |
| Males with mental and behavioural problems (modelled estimate)  | 10.22               | 9.88                | 10.11           | 11.10  | 10.77 |

| District Council of Mount Barker   | Mt Barker - Central | Mt Barker - Balance | Mt Barker - LGA | Region | State  |
|--|---------------------|---------------------|-----------------|--------|--------|
| <b>Personal Health and Wellbeing (continued)</b>   |                     |                     |                 |        |        |
| <b>Avoidable Deaths</b>  |                     |                     |                 |        |        |
| Deaths from cancer, 0 to 74 years  | 83.92               | 105.98              | 91.22           | 81.80  | 104.82 |
| Deaths from colorectal cancer, 0 to 74 years   | 7.00                | ..                  | 6.25            | 4.80   | 10.34  |
| Deaths from lung cancer, 0 to 74 years   | 11.78               | 11.91               | 11.82           | 11.40  | 21.12  |
| Deaths from circulatory system diseases, 0 to 74 years   | 51.49               | 33.86               | 45.74           | 41.80  | 51.87  |
| Deaths from ischaemic heart disease, 0 to 74 years   | 28.09               | 16.73               | 24.36           | 19.50  | 29.23  |
| Deaths from cerebrovascular diseases, 0 to 74 years  | 8.24                | ..                  | 6.39            | 7.90   | 8.98   |
| Deaths from respiratory system diseases, 0 to 74 years   | 10.67               | 15.17               | 12.11           | 6.30   | 14.76  |
| Deaths from chronic obstructive pulmonary disease, 45 to 74 years  | ..                  | ..                  | 12.05           | 7.80   | 19.58  |
| Deaths from external causes, 0 to 74 years   | 31.71               | 38.38               | 33.80           | 29.20  | 32.00  |
| Deaths from road traffic injuries, 0-74yrs   | 10.91               | 22.32               | 14.40           | 10.10  | 7.40   |
| Deaths from suicide and self-inflicted injuries, 0-74yrs   | 6.55                | 11.81               | 8.21            | 10.90  | 12.84  |
| <b>MBS Item Numbers Usage</b>  |                     |                     |                 |        |        |
| GP services to males (MBS and DVA)   | 97                  | 77                  | 91              | 96     | 99     |
| GP services to females (MBS and DVA)   | 98                  | 83                  | 94              | 96     | 99     |
| Total GP services (MBS and DVA)  | 98                  | 81                  | 93              | 96     | 99     |
| 45 Year Old Health Checks by GPs, males aged 45 to 49 years  | 119                 | 66                  | 98              | 78     | 76     |
| 45 Year Old Health Checks by GPs, females aged 45 to 49 years  | 59                  | 67                  | 62              | 56     | 70     |
| 45 Year Old Health Checks by GPs, persons aged 45 to 49 years  | 85                  | 64                  | 77              | 74     | 76     |
| Annual health assessments by GPs, persons aged 75 years and over   | 92                  | 98                  | 94              | 108    | 95     |
| Other services by GPs for Enhanced Primary Care items  | 67                  | 61                  | 66              | 84     | 82     |
| Total services by GPs for Enhanced Primary Care items  | 81                  | 74                  | 79              | 95     | 88     |
| Practice Nurse services under the MBS  | 102                 | 92                  | 99              | 148    | 105    |
| Better Access Program: Preparation of Mental Health Care Plan by GPs   | 104                 | 84                  | 98              | 173    | 98     |
| Better Access Program: Psychiatrists   | 117                 | 83                  | 106             | 111    | 109    |
| Better Access Program: Psychologists   | 100                 | 84                  | 95              | 98     | 77     |
| Better Access Program: General Psychologists   | 51                  | 43                  | 48              | 83     | 51     |
| Better Access Program: Clinical Psychologists  | 185                 | 155                 | 176             | 123    | 124    |
| Better Access Program: Social Workers  | 138                 | 94                  | 124             | 140    | 95     |
| Better Access Program: Occupational Therapists   | 65                  | 153                 | 91              | 51     | 160    |
| GP services to males (MBS and DVA)   | 97                  | 77                  | 91              | 96     | 99     |
| GP services to females (MBS and DVA)   | 98                  | 83                  | 94              | 96     | 99     |
| <b>Community Connectedness</b>   |                     |                     |                 |        |        |
| Persons aged 18 years and over who are able to get support in times of crisis from persons outside the household (modelled estimate) | 92.5                | 92.3                | 92.5            | 92.3   | 91.9   |
| Persons aged 18 years and over who disagree/strongly disagree with acceptance of other cultures (modelled estimate)                  | ..                  | ..                  | 2.9             | 4.1    | 4.3    |
| Persons aged 18 years and over who accessed the Internet at home in the past 12 months (modelled estimate)                           | 75.6                | 76.5                | 75.9            | 75.1   | 73.4   |
| Persons aged 18 years and over who feel very safe/safe walking alone in local area after dark (modelled estimate)                    | 50.7                | 52.1                | 51.2            | 50.7   | 45.4   |

# Victor Harbor Council

|                              | Victor Harbor | Region | State |
|------------------------------|---------------|--------|-------|
| <b>Population Male - %</b>   |               |        |       |
| 0-4                          | 2.16          | 2.92   | 3.06  |
| 5-9                          | 2.37          | 3.09   | 2.97  |
| 10-14                        | 2.32          | 3.32   | 3.02  |
| 15-19                        | 2.29          | 3.24   | 3.25  |
| 20-24                        | 1.98          | 2.67   | 3.56  |
| 25-29                        | 1.58          | 2.09   | 3.52  |
| 30-34                        | 1.68          | 2.14   | 3.17  |
| 35-39                        | 2.21          | 2.74   | 3.15  |
| 40-44                        | 2.34          | 3.47   | 3.52  |
| 45-49                        | 2.32          | 3.41   | 3.41  |
| 50-54                        | 2.82          | 3.78   | 3.45  |
| 55-59                        | 3.40          | 3.67   | 3.13  |
| 60-64                        | 4.06          | 3.62   | 2.88  |
| 65-69                        | 4.73          | 3.30   | 2.43  |
| 70-75                        | 3.98          | 2.32   | 1.78  |
| 75-79                        | 3.21          | 1.57   | 1.35  |
| 80-84                        | 2.39          | 1.14   | 1.02  |
| 85+                          | 2.18          | 0.85   | 0.83  |
| <b>Population Female - %</b> |               |        |       |
| 0-4                          | 1.76          | 2.79   | 2.93  |
| 5-9                          | 2.08          | 2.99   | 2.84  |
| 10-14                        | 2.25          | 3.19   | 2.89  |
| 15-19                        | 2.21          | 3.02   | 3.09  |
| 20-24                        | 1.74          | 2.39   | 3.38  |
| 25-29                        | 1.66          | 2.09   | 3.38  |
| 30-34                        | 1.84          | 2.37   | 3.12  |
| 35-39                        | 2.05          | 3.06   | 3.14  |
| 40-44                        | 2.49          | 3.73   | 3.51  |
| 45-49                        | 2.62          | 3.63   | 3.43  |
| 50-54                        | 3.37          | 3.83   | 3.52  |
| 55-59                        | 3.83          | 3.78   | 3.24  |
| 60-64                        | 5.20          | 3.86   | 2.99  |
| 65-69                        | 5.47          | 3.35   | 2.56  |
| 70-75                        | 3.99          | 2.23   | 1.92  |
| 75-79                        | 3.52          | 1.64   | 1.57  |
| 80-84                        | 2.89          | 1.30   | 1.36  |
| 85+                          | 3.03          | 1.40   | 1.58  |

| Victor Harbor Council  | Victor Harbor | Region      | State       |
|--|---------------|-------------|-------------|
| <b>Education</b>   |               |             |             |
| <b>Full-time participation in secondary school education at age 16 - %</b> | <b>85.50</b>  | <b>85.4</b> | <b>83.1</b> |
| Participation in vocational education and training - ASR                   | 11.50         | 12.50       | 9.10        |
| School leaver participation in higher education - %                        | 24.14         | 30.2        | 31.1        |
| People who left school at Year 10 or below, or did not go to school        | 31.23         | 29.2        | 29.8        |
| Learning or Earning at ages 15 to 19                                       | 69.33         | 80.5        | 79.8        |
| <b>Employment</b>  |               |             |             |
| <b>Workforce Status – Male - %</b>   |               |             |             |
| Employed   | 93.24         | 94.0        | 94.4        |
| Unemployed - Looking for Work  | 6.76          | 6.0         | 5.6         |
| Not in the Labour Force  | 47.13         | 30.2        | 27.1        |
| Not Stated   | 7.09          | 4.8         | 6.0         |
| <b>Workforce Status – Female - %</b>                                       |               |             |             |
| Employed   | 93.35         | 95.6        | 94.5        |
| Unemployed - Looking for Work  | 6.65          | 4.4         | 5.5         |
| Not in the Labour Force  | 55.50         | 40.5        | 40.8        |
| Not Stated   | 6.78          | 3.4         | 4.2         |

| Victor Harbor Council                      | Victor Harbor | Region | State |
|--|---------------|--------|-------|
| <b>Employment (continued)</b>              |               |        |       |
| <b>Industry of Employment – Male - %</b>   |               |        |       |
| Agriculture, Forestry and Fishing          | 7.41          | 7.5    | 5.5   |
| Mining                                     | 2.54          | 2.5    | 2.1   |
| Manufacturing                              | 8.03          | 10.7   | 15.4  |
| Electricity, Gas, Water and Waste          | 2.00          | 2.0    | 2.0   |
| Construction                               | 17.78         | 14.6   | 12.7  |
| Wholesale Trade                            | 3.37          | 4.3    | 4.7   |
| Retail Trade                               | 10.53         | 9.1    | 9.4   |
| Accommodation and Food Services            | 8.16          | 4.8    | 5.0   |
| Transport, Postal and Warehousing          | 4.79          | 5.1    | 6.4   |
| Information, Media and Telecommunications  | 0.87          | 1.4    | 1.6   |
| Financial and Insurance                    | 1.42          | 1.8    | 2.4   |
| Rental, hiring and real estate             | 1.83          | 1.3    | 1.2   |
| Professional scientific and technical      | 3.37          | 6.4    | 5.7   |
| Administrative and support                 | 3.71          | 2.8    | 2.9   |
| Public Administrative and Safety           | 5.41          | 7.5    | 7.4   |
| Education and Training                     | 4.54          | 5.3    | 4.7   |
| Health Care and Social Assistance          | 5.87          | 5.2    | 5.4   |
| Arts and Recreation                        | 1.79          | 1.5    | 1.2   |
| Other Services                             | 4.37          | 4.2    | 4.2   |
| Not Stated                                 | 2.21          | 1.8    | 2.2   |
| <b>Industry of Employment – Female - %</b> |               |        |       |
| Agriculture, Forestry and Fishing          | 3.56          | 3.7    | 2.2   |
| Mining                                     | 0.58          | 0.4    | 0.5   |
| Manufacturing                              | 3.16          | 5.0    | 5.4   |
| Electricity, Gas, Water and Waste          | 0.13          | 0.4    | 0.7   |
| Construction                               | 3.03          | 2.5    | 2.0   |
| Wholesale Trade                            | 1.16          | 2.1    | 2.3   |
| Retail Trade                               | 17.71         | 12.9   | 13.5  |
| Accommodation and Food Services            | 12.06         | 8.2    | 7.8   |
| Transport, Postal and Warehousing          | 0.93          | 1.6    | 1.7   |
| Information, Media and Telecommunications  | 0.67          | 1.0    | 1.2   |
| Financial and Insurance                    | 2.49          | 2.8    | 3.7   |
| Rental, hiring and real estate             | 2.45          | 1.6    | 1.4   |
| Professional scientific and technical      | 3.07          | 6.0    | 5.4   |
| Administrative and support                 | 3.83          | 3.7    | 4.1   |
| Public Administrative and Safety           | 3.60          | 6.2    | 6.9   |
| Education and Training                     | 10.73         | 12.6   | 11.6  |
| Health Care and Social Assistance          | 25.41         | 22.8   | 22.9  |
| Arts and Recreation                        | 1.11          | 1.5    | 1.3   |
| Other Services                             | 2.94          | 3.5    | 3.6   |
| Not Stated                                 | 1.38          | 1.6    | 1.6   |

| Victor Harbor Council   | Victor Harbor | Region | State |
|---|---------------|--------|-------|
| <b>Income and Wealth</b>  |               |        |       |
| Age pensioners %  | 76.90         | 74.19  | 77.16 |
| Disability support pensioners %   | 11.1          | 6.3    | 7.2   |
| Female sole parent pensioners %   | 6.85          | 3.66   | 5.37  |
| People receiving an unemployment benefit %  | 7.48          | 4.22   | 5.34  |
| People receiving an unemployment benefit long-term %  | 6.04          | 3.01   | 4.16  |
| Young people aged 15 to 24 receiving an unemployment benefit %  | 10.51         | 5.13   | 7.03  |
| Low income, welfare-dependent families (with children) %  | 8.69          | 7.97   | 10.00 |
| Health care card holders %  | 10.55         | 7.05   | 8.43  |
| Pensioner concession card holders %   | 40.07         | 23.66  | 24.25 |
| Total concession card holders   | 41.70         | 25.04  | 27.00 |
| Households in dwellings receiving rent assistance from Centrelink   | 28.37         | 16.08  | 15.37 |
| Dwellings rented from the government housing authority  | 1.11          | 1.59   | 6.13  |
| Mortgage stress   | 13.53         | 9.35   | 8.93  |
| Rental stress   | 34.88         | 30.14  | 25.92 |
| Financial stress from mortgage or rent  | 22.91         | 27.63  | 29.12 |
| <b>Early Life and Childhood</b>   |               |        |       |
| Children in low income, welfare-dependent families  | 31.19         | 17.74  | 24.77 |
| Children aged less than 15 years in jobless families  | 18.00         | 9.0    | 15.2  |
| Children fully immunised at 1 year of age   | 92.17         | 90.4   | 92.3  |
| Children fully immunised at 2 years of age  | 94.15         | 90.3   | 92.6  |
| Children fully immunised at 5 years of age  | 91.54         | 87.4   | 87.7  |
| Usual daily intake of two or more serves of fruit (modelled estimate), persons aged 5 to 17 years                       | 63.33         | 59.1   | 57.8  |
| Low birth weight babies   | 7.40          | 6.5    | 7.0   |
| Smoking during pregnancy  | 17.52         | 11.3   | 15.0  |
| Early childhood development: Australian Early Development Index (AEDI), Developmentally vulnerable on 1 or more domains | 16.67         | 16.3   | 22.9  |
| Early childhood development: AEDI, Developmentally vulnerable on 2 or more domains                                      | 8.33          | 7.7    | 11.5  |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally vulnerable                           | 6.67          | 5.8    | 9.9   |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally at risk                              | 14.17         | 13.6   | 14.7  |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally on track                             | 79.17         | 80.6   | 75.4  |
| Early childhood development: AEDI, Social competence - developmentally vulnerable                                       | 4.17          | 6.5    | 10.1  |
| Early childhood development: AEDI, Social competence - developmentally at risk  | 18.33         | 16.3   | 16.3  |
| Early childhood development: AEDI, Social competence - developmentally on track   | 77.50         | 77.1   | 73.5  |
| Early childhood development: AEDI, Emotional maturity - developmentally vulnerable                                      | 7.50          | 8.8    | 10.3  |
| Early childhood development: AEDI, Emotional maturity - developmentally at risk   | 15.00         | 12.4   | 15.4  |
| Early childhood development: AEDI, Emotional maturity - developmentally on track  | 77.50         | 78.8   | 74.3  |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally vulnerable           | 3.33          | 3.5    | 6.2   |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally at risk              | 14.17         | 10.5   | 10.8  |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally on track             | 82.50         | 86.0   | 83.0  |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally vulnerable              | 5.83          | 3.8    | 8.0   |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally at risk                 | 16.67         | 14.5   | 16.7  |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally on track                | 77.50         | 81.6   | 75.2  |

| Victor Harbor Council   | Victor Harbor | Region | State |
|---|---------------|--------|-------|
| <b>Personal Health and Wellbeing</b>  |               |        |       |
| <b>Health Conditions</b>  |               |        |       |
| Type 2 diabetes (modelled estimate)   | 3.55          | 3.3    | 3.5   |
| High cholesterol (modelled estimate)  | 7.25          | 7.1    | 7.4   |
| Circulatory system diseases (modelled estimate)   | 18.44         | 18.1   | 18.6  |
| Hypertensive disease (modelled estimate)  | 10.53         | 10.7   | 11.0  |
| Respiratory system diseases (modelled estimate)   | 21.47         | 22.1   | 27.9  |
| Asthma (modelled estimate)  | 10.50         | 10.1   | 9.8   |
| Chronic Obstructive Pulmonary Disease (modelled estimate)   | 2.52          | 2.4    | 2.4   |
| Musculoskeletal system diseases (modelled estimate)   | 29.27         | 28.6   | 31.5  |
| Arthritis (modelled estimate)   | 15.36         | 14.6   | 15.3  |
| Rheumatoid arthritis (modelled estimate)  | 2.17          | 1.9    | 2.0   |
| Osteoarthritis (modelled estimate)  | 9.56          | 9.3    | 8.7   |
| Females with osteoporosis (modelled estimate)   | 5.13          | 4.9    | 4.6   |
| <b>Health Risk Factors</b>  |               |        |       |
| Male current smokers (modelled estimate), 18 years and over   | 24.40         | 23.2   | 22.7  |
| Female current smokers (modelled estimate), 18 years and over   | 17.06         | 17.6   | 17.2  |
| Current smokers (modelled estimate), persons 18 years and over  | 20.57         | 19.0   | 19.9  |
| Alcohol consumption at levels considered to be a high risk to health (modelled estimate), persons aged 18 years and over  | 4.64          | 5.7    | 4.9   |
| Physical inactivity (modelled estimate), persons aged 15 years and over   | 34.69         | 34.0   | 35.8  |
| Overweight (not obese) males (modelled estimate), 18 years and over   | 36.70         | 36.5   | 36.3  |
| Obese males (modelled estimate),18 years and over   | 19.00         | 16.7   | 17.9  |
| Overweight (not obese) females (modelled estimate), 18 years and over   | 24.34         | 24.0   | 23.2  |
| Obese females (modelled estimate),18 years and over   | 18.64         | 16.4   | 17.0  |
| Overweight (not obese) persons (modelled estimate), 18 years and over   | 30.31         | 30.3   | 29.6  |
| Obese persons (modelled estimate),18 years and over   | 18.86         | 17.4   | 17.4  |
| Normal weight range (modelled estimate), males aged 18 years and over   | 28.81         | 28.5   | 30.4  |
| Normal weight range (modelled estimate), females aged 18 years and over   | 33.56         | 33.1   | 34.0  |
| Usual daily intake of two or more serves of fruit (modelled estimate), persons aged 18 years and over   | 49.70         | 50.1   | 50.2  |
| People with at least one of four of the following health risk factors - smoking, harmful use of alcohol, physical inactivity, obesity (modelled estimate) - 18 years and over | 58.47         | 56.4   | 57.6  |
| <b>Mental Health</b>  |               |        |       |
| Males with mental and behavioural problems (modelled estimate)  | 12.05         | 11.1   | 10.8  |
| Males with mood (affective) problems (modelled estimate)  | 6.92          | 6.4    | 6.3   |
| Females with mental and behavioural problems (modelled estimate)  | 12.69         | 11.9   | 12.1  |
| Females with mood (affective) problems (modelled estimate)  | 9.76          | 8.5    | 8.8   |
| High or very high psychological distress levels (K-10) (modelled estimate), persons aged 18 years and over  | 11.88         | 11.0   | 12.1  |

| Victor Harbor Council  | Victor Harbor | Region | State |
|--|---------------|--------|-------|
| <b>Personal Health and Wellbeing (continued)</b>   |               |        |       |
| <b>Avoidable Deaths</b>  |               |        |       |
| Deaths from cancer, 0 to 74 years  | 84.02         | 81.8   | 104.8 |
| Deaths from colorectal cancer, 0 to 74 years   | 8.12          | 4.8    | 10.3  |
| Deaths from lung cancer, 0 to 74 years   | 12.99         | 11.4   | 21.1  |
| Deaths from circulatory system diseases, 0 to 74 years   | 46.89         | 41.8   | 51.9  |
| Deaths from ischaemic heart disease, 0 to 74 years   | 27.80         | 19.5   | 29.2  |
| Deaths from cerebrovascular diseases, 0 to 74 years  | 7.90          | 7.9    | 9.0   |
| Deaths from respiratory system diseases, 0 to 74 years   | 11.88         | 6.3    | 14.8  |
| Deaths from chronic obstructive pulmonary disease, 45 to 74 years  | 13.83         | 7.8    | 19.6  |
| Deaths from external causes, 0 to 74 years   | 38.03         | 29.2   | 32.0  |
| Deaths from road traffic injuries, 0-74yrs   | 21.24         | 10.1   | 7.4   |
| Deaths from suicide and self-inflicted injuries, 0-74yrs   | 12.67         | 10.9   | 12.8  |
| <b>MBS Item Numbers Usage</b>  |               |        |       |
| GP services to males (MBS and DVA)   | 105           | 96     | 99    |
| GP services to females (MBS and DVA)   | 100           | 96     | 99    |
| Total GP services (MBS and DVA)  | 102           | 96     | 99    |
| 45 Year Old Health Checks by GPs, males aged 45 to 49 years  | 66            | 78     | 76    |
| 45 Year Old Health Checks by GPs, females aged 45 to 49 years  | 31            | 56     | 70    |
| 45 Year Old Health Checks by GPs, persons aged 45 to 49 years  | 46            | 74     | 76    |
| Annual health assessments by GPs, persons aged 75 years and over   | 121           | 108    | 95    |
| Other services by GPs for Enhanced Primary Care items  | 83            | 84     | 82    |
| Total services by GPs for Enhanced Primary Care items  | 105           | 95     | 88    |
| Practice Nurse services under the MBS  | 192           | 148    | 105   |
| Better Access Program: Preparation of Mental Health Care Plan by GPs   | 202           | 173    | 98    |
| Better Access Program: Psychiatrists   | 91            | 111    | 109   |
| Better Access Program: Psychologists   | 114           | 98     | 77    |
| Better Access Program: General Psychologists   | 101           | 83     | 51    |
| Better Access Program: Clinical Psychologists  | 135           | 123    | 124   |
| Better Access Program: Social Workers  | 117           | 140    | 95    |
| Better Access Program: Occupational Therapists   | 52            | 51     | 160   |
| <b>Community Connectedness</b>   |               |        |       |
| Persons aged 18 years and over who are able to get support in times of crisis from persons outside the household (modelled estimate) | 92.74         | 92.3   | 91.9  |
| Persons aged 18 years and over who disagree/strongly disagree with acceptance of other cultures (modelled estimate)                  | 5.14          | 4.1    | 4.3   |
| Persons aged 18 years and over who accessed the Internet at home in the past 12 months (modelled estimate)                           | 74.26         | 75.1   | 73.4  |
| Persons aged 18 years and over who feel very safe/safe walking alone in local area after dark (modelled estimate)                    | 50.46         | 50.7   | 45.4  |

## District Council of Yankalilla

|                              | Yankalilla | Region | State |
|------------------------------|------------|--------|-------|
| <b>Population Male - %</b>   |            |        |       |
| 0-4                          | 2.27       | 2.92   | 3.06  |
| 5-9                          | 2.24       | 3.09   | 2.97  |
| 10-14                        | 2.42       | 3.32   | 3.02  |
| 15-19                        | 2.29       | 3.24   | 3.25  |
| 20-24                        | 1.53       | 2.67   | 3.56  |
| 25-29                        | 1.76       | 2.09   | 3.52  |
| 30-34                        | 1.76       | 2.14   | 3.17  |
| 35-39                        | 2.20       | 2.74   | 3.15  |
| 40-44                        | 2.91       | 3.47   | 3.52  |
| 45-49                        | 3.16       | 3.41   | 3.41  |
| 50-54                        | 4.60       | 3.78   | 3.45  |
| 55-59                        | 4.76       | 3.67   | 3.13  |
| 60-64                        | 4.62       | 3.62   | 2.88  |
| 65-69                        | 4.89       | 3.30   | 2.43  |
| 70-74                        | 3.31       | 2.32   | 1.78  |
| 75-79                        | 2.44       | 1.57   | 1.35  |
| 80-84                        | 1.16       | 1.14   | 1.02  |
| 85+                          | 0.98       | 0.85   | 0.83  |
| <b>Population Female - %</b> |            |        |       |
| 0-4                          | 2.67       | 2.79   | 2.93  |
| 5-9                          | 2.42       | 2.99   | 2.84  |
| 10-14                        | 2.27       | 3.19   | 2.89  |
| 15-19                        | 2.71       | 3.02   | 3.09  |
| 20-24                        | 1.71       | 2.39   | 3.38  |
| 25-29                        | 1.93       | 2.09   | 3.38  |
| 30-34                        | 1.64       | 2.37   | 3.12  |
| 35-39                        | 1.91       | 3.06   | 3.14  |
| 40-44                        | 3.38       | 3.73   | 3.51  |
| 45-49                        | 3.05       | 3.63   | 3.43  |
| 50-54                        | 4.13       | 3.83   | 3.52  |
| 55-59                        | 5.11       | 3.78   | 3.24  |
| 60-64                        | 4.60       | 3.86   | 2.99  |
| 65-69                        | 4.73       | 3.35   | 2.56  |
| 70-74                        | 2.87       | 2.23   | 1.92  |
| 75-79                        | 2.20       | 1.64   | 1.57  |
| 80-84                        | 1.69       | 1.30   | 1.36  |
| 85+                          | 1.67       | 1.40   | 1.58  |

| District Council of Yankalilla   | Yankalilla   | Region      | State       |
|--|--------------|-------------|-------------|
| <b>Education</b>   |              |             |             |
| <b>Full-time participation in secondary school education at age 16 - %</b> | <b>81.63</b> | <b>85.4</b> | <b>83.1</b> |
| Participation in vocational education and training - ASR                   | 10.90        | 12.50       | 9.10        |
| School leaver participation in higher education - %                        | 16.12        | 30.2        | 31.1        |
| People who left school at Year 10 or below, or did not go to school        | 32.06        | 29.2        | 29.8        |
| Learning or Earning at ages 15 to 19                                       | 80.00        | 80.5        | 79.8        |
| <b>Employment</b>  |              |             |             |
| <b>Workforce Status – Male - %</b>   |              |             |             |
| Employed   | 92.8         | 94.0        | 94.4        |
| Unemployed - Looking for Work  | 7.2          | 6.0         | 5.6         |
| Not in the Labour Force  | 39.4         | 30.2        | 27.1        |
| Not Stated   | 4.0          | 4.8         | 6.0         |
| <b>Workforce Status – Female - %</b>                                       |              |             |             |
| Employed   | 95.5         | 95.6        | 94.5        |
| Unemployed - Looking for Work  | 4.5          | 4.4         | 5.5         |
| Not in the Labour Force  | 49.6         | 40.5        | 40.8        |
| Not Stated   | 3.4          | 3.4         | 4.2         |

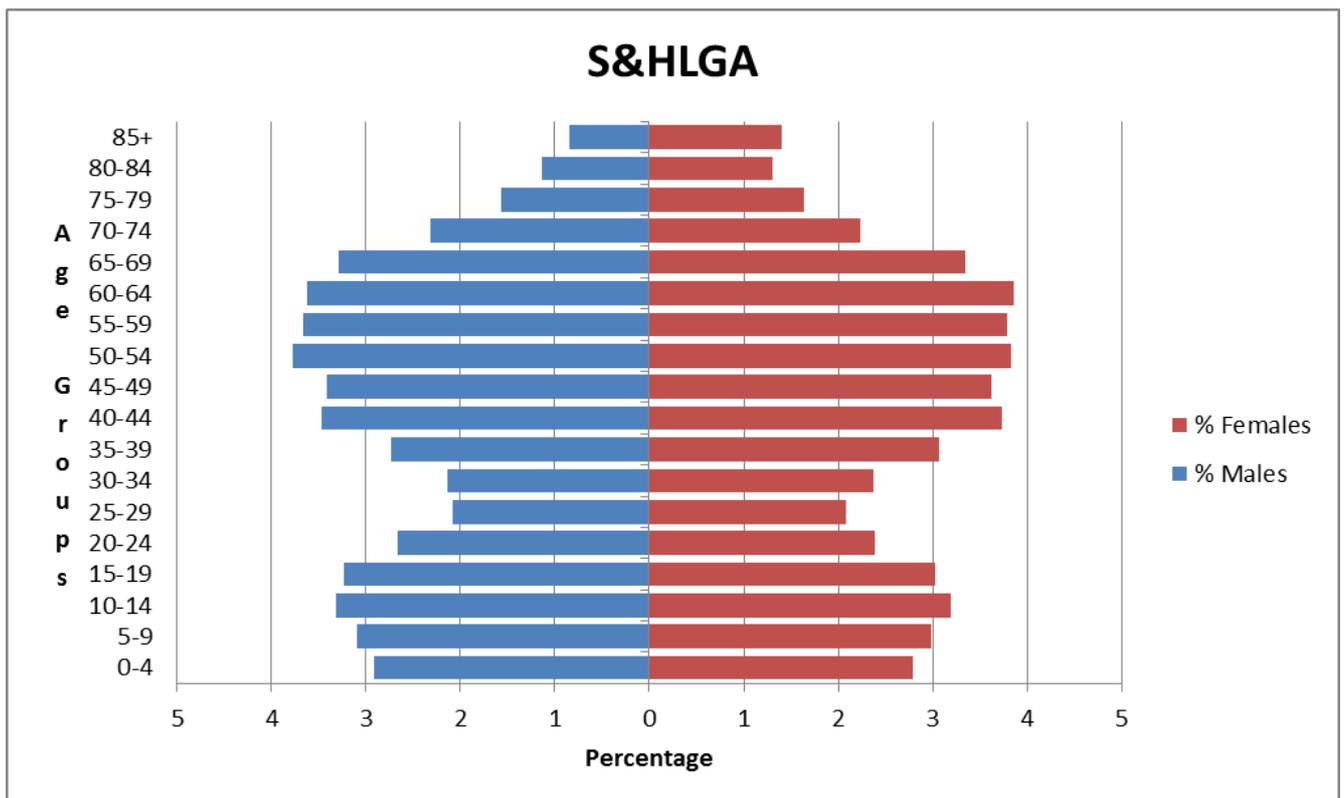
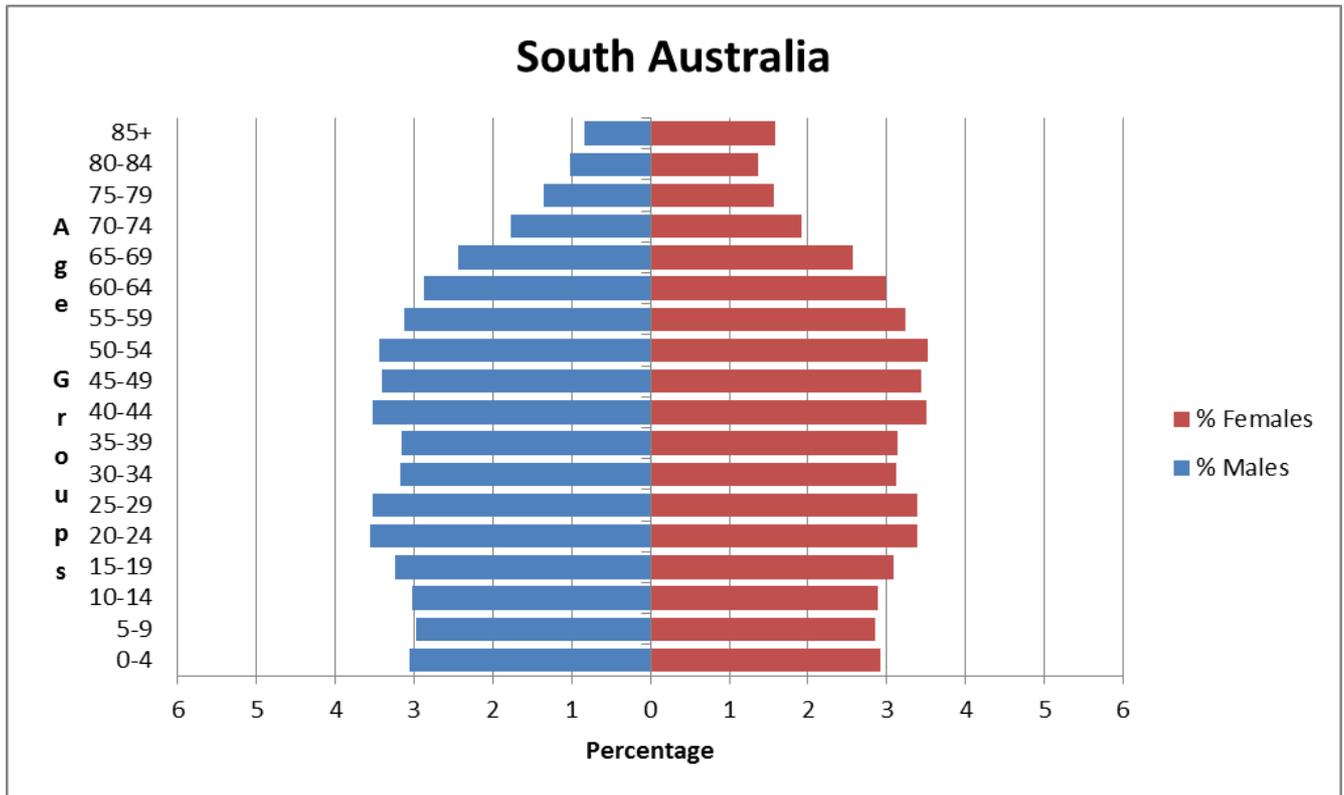
| District Council of Yankalilla             | Yankalilla | Region | State |
|--|------------|--------|-------|
| <b>Employment (continued)</b>              |            |        |       |
| <b>Industry of Employment – Male - %</b>   |            |        |       |
| Agriculture, Forestry and Fishing          | 19.16      | 7.5    | 5.5   |
| Mining                                     | 2.87       | 2.5    | 2.1   |
| Manufacturing                              | 10.45      | 10.7   | 15.4  |
| Electricity, Gas, Water and Waste          | 0.92       | 2.0    | 2.0   |
| Construction                               | 16.91      | 14.6   | 12.7  |
| Wholesale Trade                            | 2.87       | 4.3    | 4.7   |
| Retail Trade                               | 6.97       | 9.1    | 9.4   |
| Accommodation and Food Services            | 7.17       | 4.8    | 5.0   |
| Transport, Postal and Warehousing          | 5.64       | 5.1    | 6.4   |
| Information, Media and Telecommunications  | 0.41       | 1.4    | 1.6   |
| Financial and Insurance                    | 1.33       | 1.8    | 2.4   |
| Rental, hiring and real estate             | 1.54       | 1.3    | 1.2   |
| Professional scientific and technical      | 3.38       | 6.4    | 5.7   |
| Administrative and support                 | 2.25       | 2.8    | 2.9   |
| Public Administrative and Safety           | 3.69       | 7.5    | 7.4   |
| Education and Training                     | 4.30       | 5.3    | 4.7   |
| Health Care and Social Assistance          | 3.89       | 5.2    | 5.4   |
| Arts and Recreation                        | 1.13       | 1.5    | 1.2   |
| Other Services                             | 2.97       | 4.2    | 4.2   |
| Not Stated                                 | 2.15       | 1.8    | 2.2   |
| <b>Industry of Employment – Female - %</b> |            |        |       |
| Agriculture, Forestry and Fishing          | 8.87       | 3.7    | 2.2   |
| Mining                                     | 0.35       | 0.4    | 0.5   |
| Manufacturing                              | 4.96       | 5.0    | 5.4   |
| Electricity, Gas, Water and Waste          | 0.00       | 0.4    | 0.7   |
| Construction                               | 1.65       | 2.5    | 2.0   |
| Wholesale Trade                            | 2.01       | 2.1    | 2.3   |
| Retail Trade                               | 12.65      | 12.9   | 13.5  |
| Accommodation and Food Services            | 12.41      | 8.2    | 7.8   |
| Transport, Postal and Warehousing          | 2.84       | 1.6    | 1.7   |
| Information, Media and Telecommunications  | 0.00       | 1.0    | 1.2   |
| Financial and Insurance                    | 1.65       | 2.8    | 3.7   |
| Rental, hiring and real estate             | 2.48       | 1.6    | 1.4   |
| Professional scientific and technical      | 4.61       | 6.0    | 5.4   |
| Administrative and support                 | 3.31       | 3.7    | 4.1   |
| Public Administrative and Safety           | 3.90       | 6.2    | 6.9   |
| Education and Training                     | 10.40      | 12.6   | 11.6  |
| Health Care and Social Assistance          | 23.52      | 22.8   | 22.9  |
| Arts and Recreation                        | 1.42       | 1.5    | 1.3   |
| Other Services                             | 1.77       | 3.5    | 3.6   |
| Not Stated                                 | 1.18       | 1.6    | 1.6   |

| District Council of Yankalilla  | Yankalilla | Region | State |
|---|------------|--------|-------|
| <b>Income and Wealth</b>  |            |        |       |
| Age pensioners %  | 84.3       | 74.19  | 77.16 |
| Disability support pensioners %   | 11.7       | 6.3    | 7.2   |
| Female sole parent pensioners %   | 6.8        | 3.66   | 5.37  |
| People receiving an unemployment benefit %  | 7.6        | 4.22   | 5.34  |
| People receiving an unemployment benefit long-term %  | 5.7        | 3.01   | 4.16  |
| Young people aged 15 to 24 receiving an unemployment benefit %  | 10.0       | 5.13   | 7.03  |
| Low income, welfare-dependent families (with children) %  | 9.5        | 7.97   | 10.00 |
| Health care card holders %  | 10.0       | 7.05   | 8.43  |
| Pensioner concession card holders %   | 36.0       | 23.66  | 24.25 |
| Total concession card holders   | 38.2       | 25.04  | 27.00 |
| Households in dwellings receiving rent assistance from Centrelink   | 21.1       | 16.08  | 15.37 |
| Dwellings rented from the government housing authority  | 0.6        | 1.59   | 6.13  |
| Mortgage stress   | 12.6       | 9.35   | 8.93  |
| Rental stress   | 35.8       | 30.14  | 25.92 |
| Financial stress from mortgage or rent  | 26.2       | 27.63  | 29.12 |
| <b>Early Life and Childhood</b>   |            |        |       |
| Children in low income, welfare-dependent families  | 32.3       | 17.74  | 24.77 |
| Children aged less than 15 years in jobless families  | 14.9       | 9.0    | 15.2  |
| Children fully immunised at 1 year of age   | 83.8       | 90.4   | 92.3  |
| Children fully immunised at 2 years of age  | 94.7       | 90.3   | 92.6  |
| Children fully immunised at 5 years of age  | 88.3       | 87.4   | 87.7  |
| Usual daily intake of two or more serves of fruit (modelled estimate), persons aged 5 to 17 years                       | 53.8       | 59.1   | 57.8  |
| Low birth weight babies   | 0.0        | 6.5    | 7.0   |
| Smoking during pregnancy  | 13.1       | 11.3   | 15.0  |
| Early childhood development: Australian Early Development Index (AEDI), Developmentally vulnerable on 1 or more domains | 19.5       | 16.3   | 22.9  |
| Early childhood development: AEDI, Developmentally vulnerable on 2 or more domains                                      | 9.8        | 7.7    | 11.5  |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally vulnerable                           | 4.9        | 5.8    | 9.9   |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally at risk                              | 17.1       | 13.6   | 14.7  |
| Early childhood development: AEDI, Physical health and wellbeing - developmentally on track                             | 78.0       | 80.6   | 75.4  |
| Early childhood development: AEDI, Social competence - developmentally vulnerable                                       | 7.3        | 6.5    | 10.1  |
| Early childhood development: AEDI, Social competence - developmentally at risk  | 17.1       | 16.3   | 16.3  |
| Early childhood development: AEDI, Social competence - developmentally on track   | 75.6       | 77.1   | 73.5  |
| Early childhood development: AEDI, Emotional maturity - developmentally vulnerable                                      | 9.8        | 8.8    | 10.3  |
| Early childhood development: AEDI, Emotional maturity - developmentally at risk   | 9.8        | 12.4   | 15.4  |
| Early childhood development: AEDI, Emotional maturity - developmentally on track  | 80.5       | 78.8   | 74.3  |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally vulnerable           | 7.3        | 3.5    | 6.2   |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally at risk              | 12.2       | 10.5   | 10.8  |
| Early childhood development: AEDI, Language and cognitive skills (schools-based) - developmentally on track             | 80.5       | 86.0   | 83.0  |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally vulnerable              | 7.3        | 3.8    | 8.0   |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally at risk                 | 22.0       | 14.5   | 16.7  |
| Early childhood development: AEDI, Communication skills and general knowledge - developmentally on track                | 70.7       | 81.6   | 75.2  |

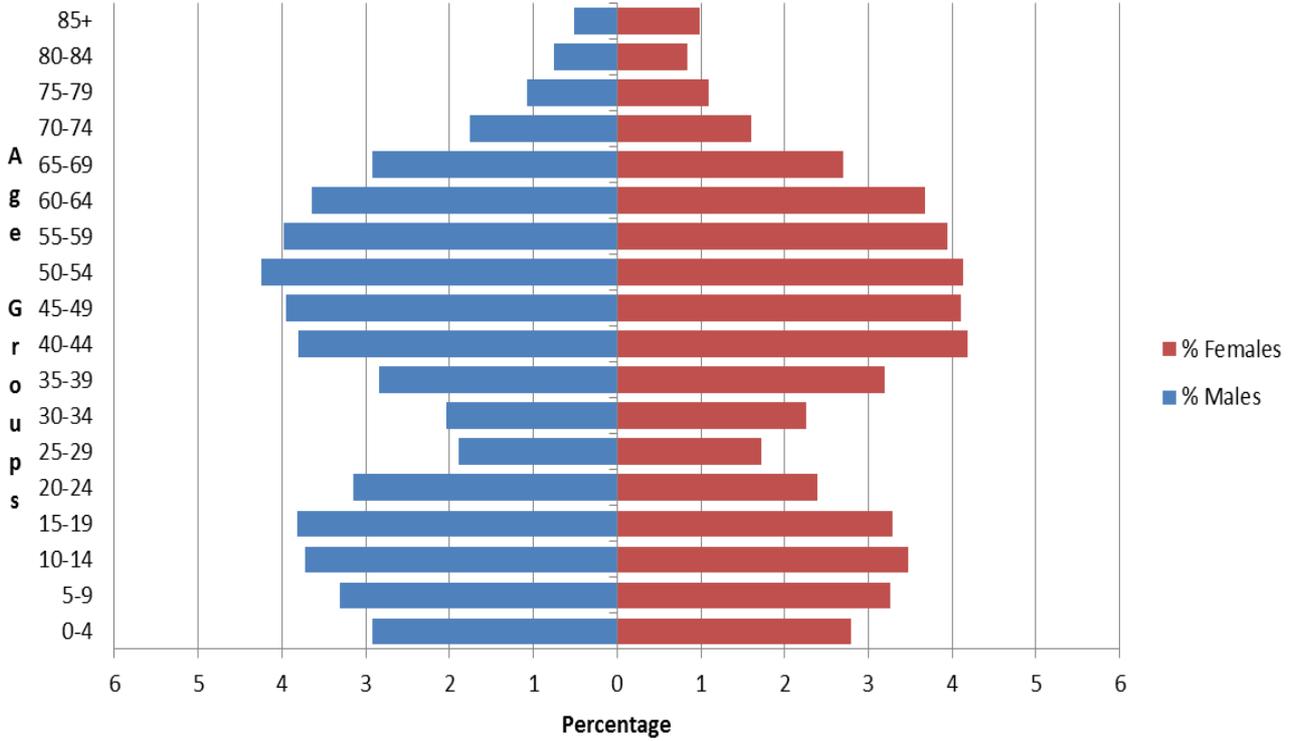
| District Council of Yankalilla  | Yankalilla | Region | State |
|---|------------|--------|-------|
| <b>Personal Health and Wellbeing</b>  |            |        |       |
| <b>Health Conditions</b>  |            |        |       |
| Type 2 diabetes (modelled estimate)   | 3.5        | 3.3    | 3.5   |
| High cholesterol (modelled estimate)  | 7.0        | 7.1    | 7.4   |
| Circulatory system diseases (modelled estimate)   | 18.3       | 18.1   | 18.6  |
| Hypertensive disease (modelled estimate)  | 10.4       | 10.7   | 11.0  |
| Respiratory system diseases (modelled estimate)   | 20.7       | 22.1   | 27.9  |
| Asthma (modelled estimate)  | 10.1       | 10.1   | 9.8   |
| Chronic Obstructive Pulmonary Disease (modelled estimate)   | 2.5        | 2.4    | 2.4   |
| Musculoskeletal system diseases (modelled estimate)   | 28.7       | 28.6   | 31.5  |
| Arthritis (modelled estimate)   | 14.9       | 14.6   | 15.3  |
| Rheumatoid arthritis (modelled estimate)  | 2.1        | 1.9    | 2.0   |
| Osteoarthritis (modelled estimate)  | 9.4        | 9.3    | 8.7   |
| Females with osteoporosis (modelled estimate)   | 5.3        | 4.9    | 4.6   |
| <b>Health Risk Factors</b>  |            |        |       |
| Male current smokers (modelled estimate), 18 years and over   | 25.8       | 23.2   | 22.7  |
| Female current smokers (modelled estimate), 18 years and over   | 17.8       | 17.6   | 17.2  |
| Current smokers (modelled estimate), persons 18 years and over  | 21.7       | 19.0   | 19.9  |
| Alcohol consumption at levels considered to be a high risk to health (modelled estimate), persons aged 18 years and over  | 4.9        | 5.7    | 4.9   |
| Physical inactivity (modelled estimate), persons aged 15 years and over   | 35.6       | 34.0   | 35.8  |
| Overweight (not obese) males (modelled estimate), 18 years and over   | 36.0       | 36.5   | 36.3  |
| Obese males (modelled estimate), 18 years and over  | 19.3       | 16.7   | 17.9  |
| Overweight (not obese) females (modelled estimate), 18 years and over   | 24.1       | 24.0   | 23.2  |
| Obese females (modelled estimate), 18 years and over  | 18.9       | 16.4   | 17.0  |
| Overweight (not obese) persons (modelled estimate), 18 years and over   | 30.2       | 30.3   | 29.6  |
| Obese persons (modelled estimate), 18 years and over  | 19.1       | 17.4   | 17.4  |
| Normal weight range (modelled estimate), males aged 18 years and over   | 28.7       | 28.5   | 30.4  |
| Normal weight range (modelled estimate), females aged 18 years and over   | 33.3       | 33.1   | 34.0  |
| Usual daily intake of two or more serves of fruit (modelled estimate), persons aged 18 years and over   | 48.8       | 50.1   | 50.2  |
| People with at least one of four of the following health risk factors - smoking, harmful use of alcohol, physical inactivity, obesity (modelled estimate) - 18 years and over | 59.7       | 56.4   | 57.6  |
| <b>Mental Health</b>  |            |        |       |
| Males with mental and behavioural problems (modelled estimate)  | 12.1       | 11.1   | 10.8  |
| Males with mood (affective) problems (modelled estimate)  | 7.0        | 6.4    | 6.3   |
| Females with mental and behavioural problems (modelled estimate)  | 12.7       | 11.9   | 12.1  |
| Females with mood (affective) problems (modelled estimate)  | 10.0       | 8.5    | 8.8   |
| High or very high psychological distress levels (K-10) (modelled estimate), persons aged 18 years and over  | 12.2       | 11.0   | 12.1  |

| District Council of Yankalilla   | Yankalilla | Region | State |
|--|------------|--------|-------|
| <b>Personal Health and Wellbeing (continued)</b>   |            |        |       |
| <b>Avoidable Deaths</b>  |            |        |       |
| Deaths from cancer, 0 to 74 years  | 78.5       | 81.8   | 104.8 |
| Deaths from colorectal cancer, 0 to 74 years   | ..         | 4.8    | 10.3  |
| Deaths from lung cancer, 0 to 74 years   | 14.0       | 11.4   | 21.1  |
| Deaths from circulatory system diseases, 0 to 74 years   | 49.8       | 41.8   | 51.9  |
| Deaths from ischaemic heart disease, 0 to 74 years   | 28.9       | 19.5   | 29.2  |
| Deaths from cerebrovascular diseases, 0 to 74 years  | 14.5       | 7.9    | 9.0   |
| Deaths from respiratory system diseases, 0 to 74 years   | ..         | 6.3    | 14.8  |
| Deaths from chronic obstructive pulmonary disease, 45 to 74 years  | ..         | 7.8    | 19.6  |
| Deaths from external causes, 0 to 74 years   | ..         | 29.2   | 32.0  |
| Deaths from road traffic injuries, 0-74yrs   | ..         | 10.1   | 7.4   |
| Deaths from suicide and self-inflicted injuries, 0-74yrs   | 0.0        | 10.9   | 12.8  |
| <b>MBS Item Numbers Usage</b>  |            |        |       |
| GP services to males (MBS and DVA)   | 111        | 96     | 99    |
| GP services to females (MBS and DVA)   | 117        | 96     | 99    |
| Total GP services (MBS and DVA)  | 114        | 96     | 99    |
| 45 Year Old Health Checks by GPs, males aged 45 to 49 years  | 0          | 78     | 76    |
| 45 Year Old Health Checks by GPs, females aged 45 to 49 years  | 0          | 56     | 70    |
| 45 Year Old Health Checks by GPs, persons aged 45 to 49 years  | 45         | 74     | 76    |
| Annual health assessments by GPs, persons aged 75 years and over   | 74         | 108    | 95    |
| Other services by GPs for Enhanced Primary Care items  | 90         | 84     | 82    |
| Total services by GPs for Enhanced Primary Care items  | 76         | 95     | 88    |
| Practice Nurse services under the MBS  | 195        | 148    | 105   |
| Better Access Program: Preparation of Mental Health Care Plan by GPs   | 358        | 173    | 98    |
| Better Access Program: Psychiatrists   | 221        | 111    | 109   |
| Better Access Program: Psychologists   | 112        | 98     | 77    |
| Better Access Program: General Psychologists   | 129        | 83     | 51    |
| Better Access Program: Clinical Psychologists  | 83         | 123    | 124   |
| Better Access Program: Social Workers  | 107        | 140    | 95    |
| Better Access Program: Occupational Therapists   | 0          | 51     | 160   |
| <b>Community Connectedness</b>   |            |        |       |
| Persons aged 18 years and over who are able to get support in times of crisis from persons outside the household (modelled estimate) | 91.2       | 92.3   | 91.9  |
| Persons aged 18 years and over who disagree/strongly disagree with acceptance of other cultures (modelled estimate)                  | 5.3        | 4.1    | 4.3   |
| Persons aged 18 years and over who accessed the Internet at home in the past 12 months (modelled estimate)                           | 72.7       | 75.1   | 73.4  |
| Persons aged 18 years and over who feel very safe/safe walking alone in local area after dark (modelled estimate)                    | 50.4       | 50.7   | 45.4  |

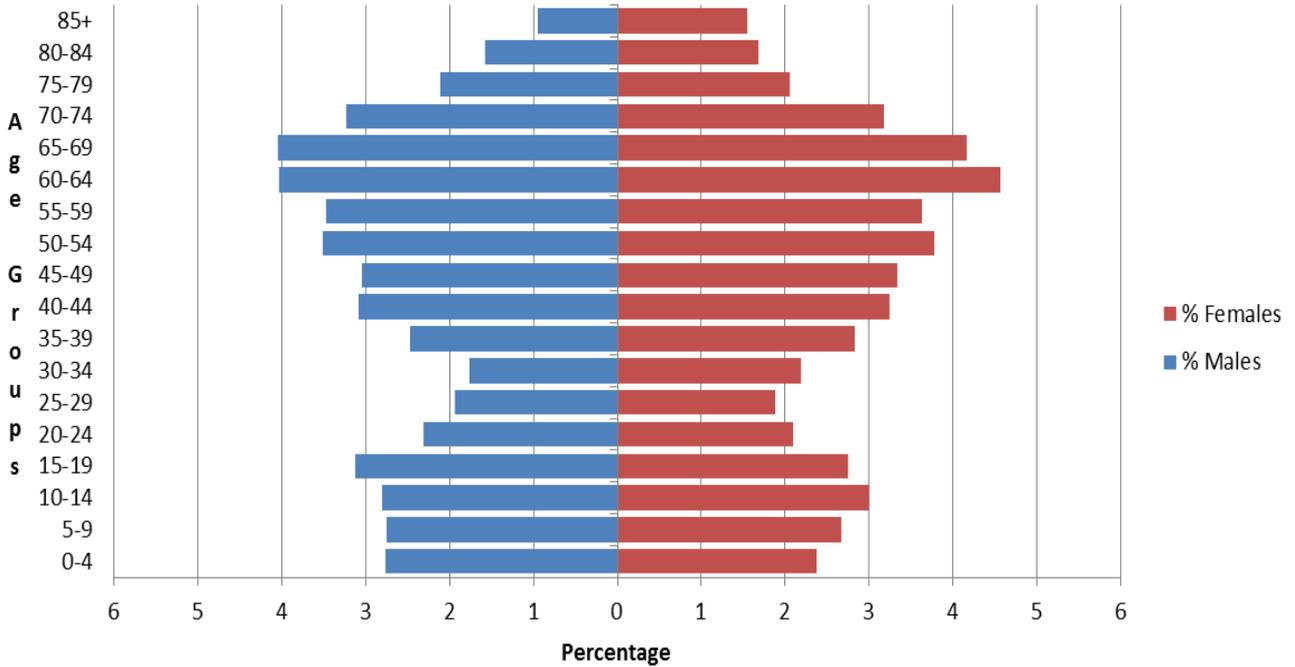
## Population Graphs



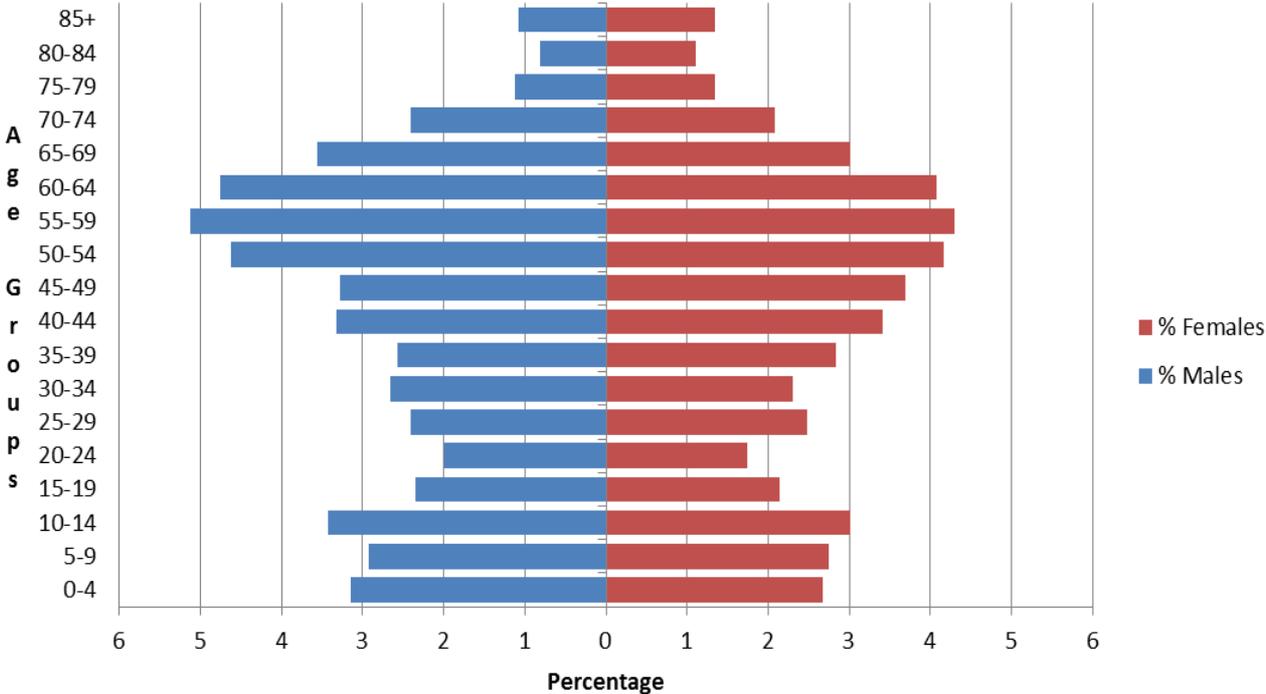
## Adelaide Hills



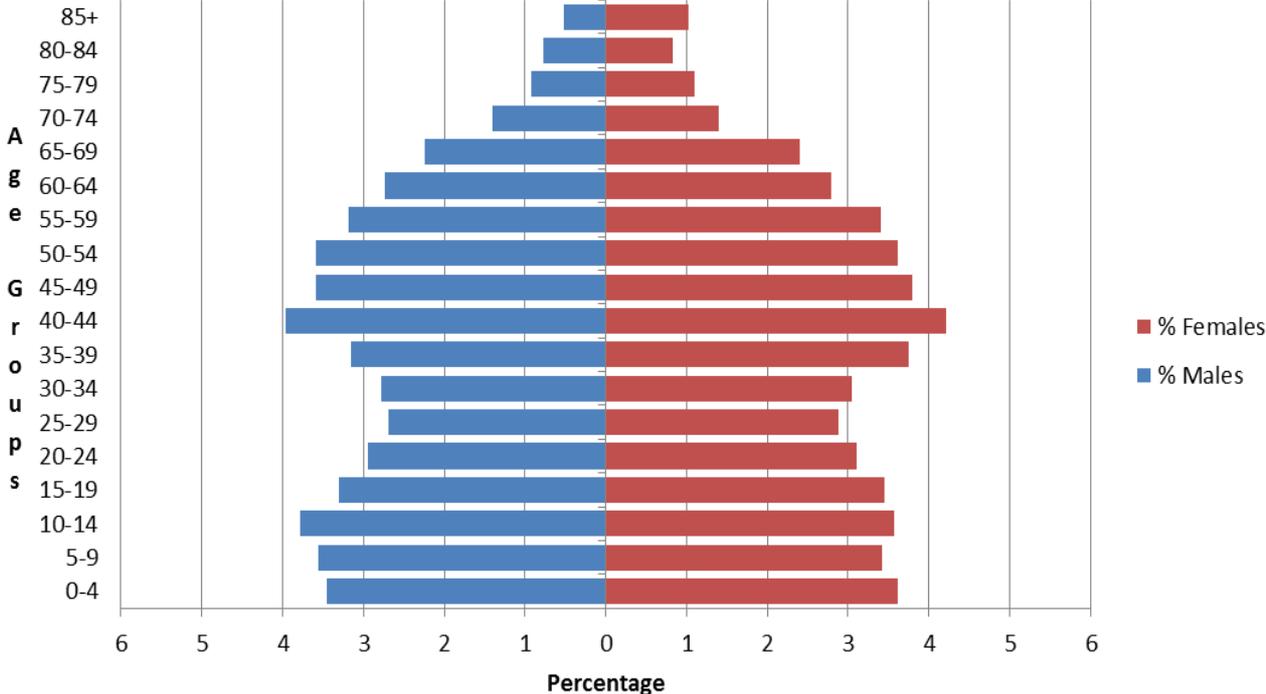
## Alexandrina



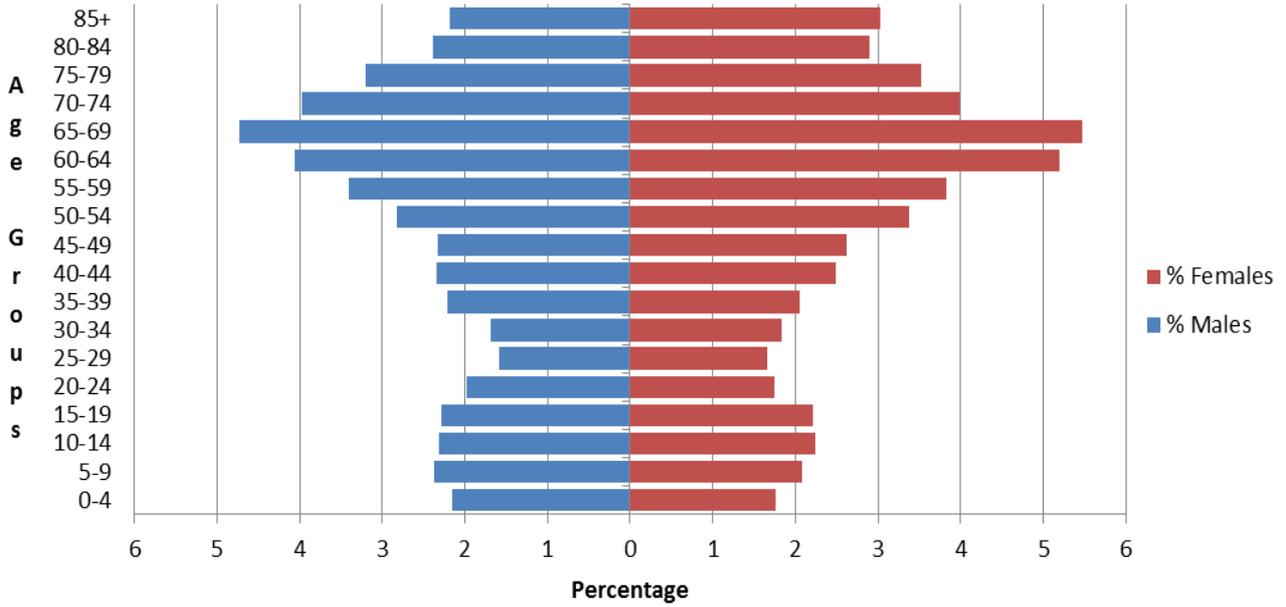
### Kangaroo Island



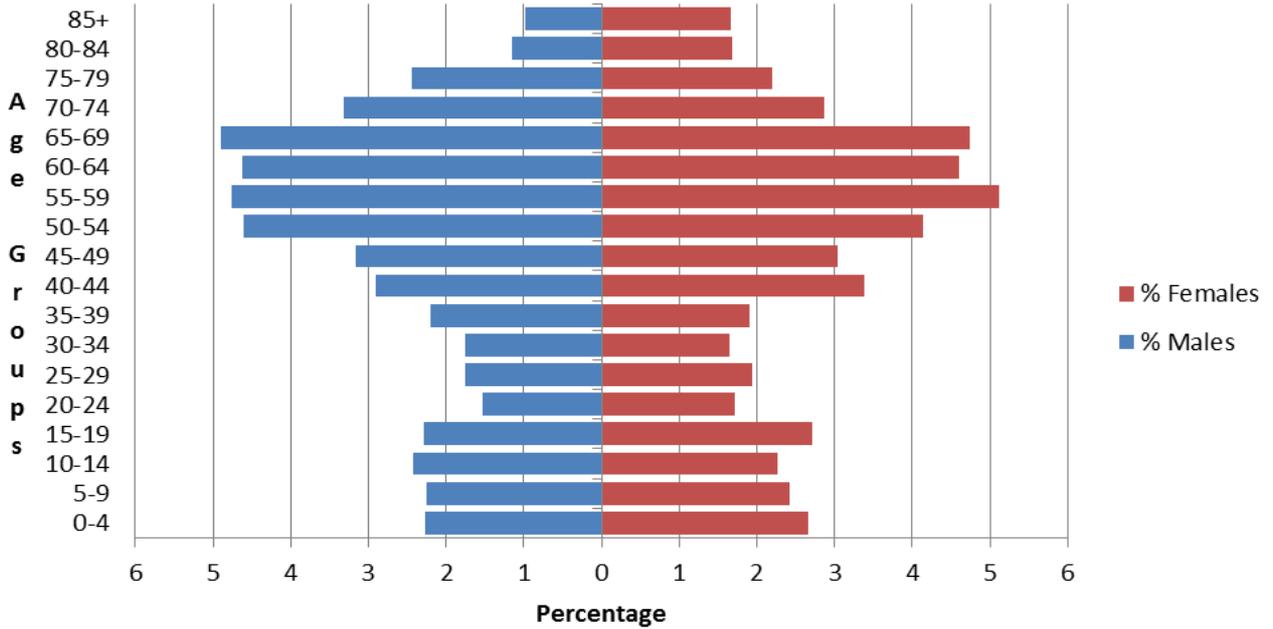
### Mt Barker



## Victor Harbor



## Yankalilla



## APPENDIX D

### STAKEHOLDER CONSULTATION SUMMARIES

#### STAKEHOLDER SESSIONS

HEALTH STAKEHOLDERS SESSION AT MOUNT BARKER  
HEALTH STAKEHOLDERS SESSION AT VICTOR HARBOR  
KANGAROO ISLAND HEALTH STAKEHOLDERS SESSION

Monday 7 April 2014  
Tuesday 8 April 2014  
Friday 11 April 2014

## S&HLGA REGIONAL PUBLIC HEALTH PLAN

### HEALTH STAKEHOLDERS SESSION AT MOUNT BARKER

Monday 7 April 2014

#### SUMMARY OF DISCUSSIONS

##### Participants:

|                   |   |
|-------------------|---|
| Colin Shackelford | Alexandrina Council                     |
| Debra Belperio    | AASA                                    |
| Deb Green         | AASA                                    |
| Rina Chahoud      | MIFSA                                   |
| Lyn Florance      | Workskil                                |
| Robert Finsten    | Presbyterian Church                     |
| Cathy Sant        | Child and Family Health Service         |
| Lynda McDowall    | Child and Family Health Service         |
| Ros Cameron       | DECD                                    |
| Sally Patten      | Resthaven                               |
| Kirsty Rawlings   | CAHNU                                   |
| Kaylene Taylor    | Red Cross                               |
| Jacqui Brilers    | Carer Wellness Centre                   |
| Megan Coyles      | JBMT                                    |
| John Moran        | Commonwealth Respite Centre             |
| Anita McShay      | JBMT                                    |
| Karen Horvath     | Adelaide Hills Vocational College       |
| Trevor Corbell    | District Council of Mount Barker        |
| Gina Highet       | Summit Health                           |
| Mark De Lange     | Adelaide Hills Council                  |
| Greg Sarre        | District Council of Mount Barker        |
| Liz Hughes        | Resthaven                               |
| David Betchly     | DCSI                                    |
| Barbara Figueroa  | Central Adelaide & Hills Medicare Local |
| Debbie Burton     | Southern Cross Care                     |
| Greg Dyer         | DECD                                    |
| Vanessa Grave     | St. Francis De Sales                    |
| J. C. Whalley     | Red Cross                               |
| Esmé Barratt      | Hills Volunteering                      |
| Kelly Gribben     | AC Care                                 |
| Anne Ellis        | Adelaide Hills Council                  |
| Rebecca Shepherd  | Adelaide Hills Council                  |
| Courtney Bartosak | LGA                                     |
| Coral Sharp       | AASA                                    |
| Karen Gill        | Child and Family Health Service (CaFHS) |
| Alison King       | CHSALHN                                 |
| Kerry May         | AHCHS                                   |
| Kial Gillett      | AHCHS                                   |
| Hayley Willis     | DECD                                    |
| Lesley Jaensch    | Disability SA                           |
| Jess Sharkie      | Adelaide Hills Council                  |
| Kevin Wisdom-Hill | Summit Health                           |
| Warren Symonds    | Mount Barker High School                |
| Simone Conboy     | Murray Mallee Community Health          |
| Chris Bishop      | TAFE SA                                 |

## GENERAL COMMENTS FROM WHOLE GROUP

- Local Government is an important contributor to health.
- Mental health and suicide – Alexandrina and Mount Barker – high levels of referrals despite what appears in data.
- Definition of disability – older adults, families, all ages.
- Dementia is high around Mount Barker especially under 65s.

## CURRENT SITUATION AND ACHIEVEMENTS

- Partnerships – Adelaide Hills Youth Sector Network allows for discussion between service providers. The networking is vital and allows for close working relationships.
- Services - Alzheimer's SA – education (carers, GPs, nurses, aged care, schools), support groups, access to respite care.
- Partnerships working well (Youth) – DECD, CAMHS, Summit health, AHCHS (range of departments), vocational college, police.
- Child and Family Health – visit 97% of births in the area, provide health and developmental check, 2 year family home visiting services, collaboration with other agencies, early parent groups.
- Community Health, Summit Health & CAMHS – all work with students at vocational college – VICE, SHAW/SHAPE, sexual health.
- CAFHS offering health checks/developmental checks concurrent with immunization clinics.
- Community centres in AHC area provide Dementia programs, strength and balance, low impact exercises, some transport to programs, Tai Chi, Yoga etc.

## INFORMATION AND KEY ISSUES (through sticky label exercise)

### Programs & Services

- Need for more programs for children with disabilities and learning difficulties.
- Mental health service access. Need to understand this better and consider the difference between Mount Barker and Adelaide Hills.
- Coordination of services for older adults with Adelaide Hills.
- Lack of youth friendly health services.
- COPD – Mount Barker and Balhannah.
- ATSI – Mental health support workers to support people going to meetings etc.
- Asthma (especially young children) – Mt Barker & Adelaide Hills.
- Transport services for persons with special needs and who are financially stressed.
- Affordability to purchase medicine.
- Out of hours in home nursing services i.e. the need for trained nurses for in home support.
- Connecting with isolated people takes time so programs and funding need to run longer.
- Early screening and interventions.
- SHINE sexual health services. Could council somehow encourage them to go past the tollgate and get services to our young people particularly.
- Concerns regarding emergency relief – sufficient support, awareness, connection with other support services.

## Programs & Services (continued)

- Transport? Lots of services are available but if you can't get there it means nothing. Would like Council to fund a health transport minibus for all ages and family types.
- Child and family health service (CaFHS) being part of GP Plus development.
- No Aboriginal specific maternal care in the Hills.
- Established community programs have to cease or find other ways to run due to McCann report changes.
- Carer support services for younger onset dementia.
- Programs are needed in outlying areas for low impact exercises and socialising. AHC currently Woodside, Gumeracha, Balhannah.
- Desperate need for residential respite beds across the South East country region.
- After hours service not available at a public hospital \$s.
- Disability shouldn't be undervalued in local government; not enough funding e.g. HACC services not for young disability.
- More post-school work options for youth.
- Youth mental health – Mount Barker & Alexandrina.
- Need greater availability of bulk-billing.
- Limited affordable/ regular transport links i.e. Brukunga, Kanmantoo to central health resource.
- Affordability to attend Doctor.
- Need for more regional Doctors in the smaller towns in DCMB.
- Keeping Doctors in the region.
- Need for Doctor on call at Mount Barker hospital.
- General practice engagement in design/need.
- Waiting time to get an appointment.
- Dementia appropriate services for both over 65 and under 65 people and carers (x2).
- Programs and services for disengaged youth who often have mental health, wellbeing or substance abuse issues.
- Youth access to mental health services.
- Suicide prevention – Mount Barker & Alexandrina.
- After hours primary care access – Adelaide Hills.
- Need for more physical active pursuits available to youth.
- Carers and their needs – support and respite.
- Headspace – for our Medicare local is going to be in Norwood – this is a joke really, can you imagine a young person from Brukunga catching 4 buses to get to Norwood?

## Facilities/ Infrastructure

- Elderly – gopher access, lights at crossing, traffic dangerous.
- Adelaide Hills seen as affluent and close to metro BUT under serviced, under resourced, transport use issue for youth and aged.
- More accessible transport options for travel to medical services.
- Suitable infrastructure – one stop shop for families.
- Provision of services more on a local level – i.e. having to travel daily/weekly to the city for treatment affects wellbeing, expensive costs.
- GP super clinic – getting best use of this facility.
- Transport to regional areas are non-existent so need localised services.
- Transport to services.
- Lack of access to Community Centres that cater to all aged groups.

## Facilities/ Infrastructure (continued)

- Residential respite beds.
- New Mount Barker super clinic needs to be adequately resourced.
- Infrastructure – where are all the ‘health’ workers in Mount Barker meant to park.
- Lack of functional public transport outside of commuter hours for large parts of the Hills.
- Adelaide Hills needs a soft entry youth mental health space.
- Access barriers for youth – transport, isolation, financial, housing, miss appointment then taken off list.
- Mental health transport of older adults.
- Service gaps for youth – safe house/space, MH services, chronic MH support; psychiatrist appointment very long waiting lists.
- Location of child and family health in more central place/ with child and family GP.
- Need to address Dementia community around the Hills – young onset Dementia under 65 and over 65 – including education and services available.
- More infrastructure for youth including those with disability need disability access – also employment opportunities.
- Determine needs and access to services regarding mental health in youth community – access opportunity
- Supporting families – fly in/ fly out workers
- Mental health is a major issue with/for young people in this region. Substance abuse and juvenile justice as a result.
- Barriers – length of time between appointments – they forget and don’t go or can’t get there, need instant access to services when they are needed.
- Access barriers – miss appointments, no transport money and housing, then taken off the list for appointments.
- Renal Dialysis units – full in Murray Bridge and closest is RAH equals increased travel times.

## Community Groups/Social

- Accessible space in libraries for health services to use e.g. first time mum groups by CaFHS.
- Appropriate community services for people with young onset Dementia in the Adelaide Hills area.
- Social isolation – transport and access across rural areas, specific population groups (young and old people).
- Healthy aging – social connectedness, supportive environments.
- Children’s centre urgently needed for Mount Barker.
- Clarity to all health providers on what local networks exist e.g. perinatal mental health network, child development network.
- Health and wellbeing – community kitchens are brilliant, needs more awareness and promotion.
- Disability SA provides some groups for people with intellectual disability but need more integrated groups for those with brain injury or physical disability who can no longer walk.
- Limited services in this region for people with mental health issues to get re-engaged.
- ATSI – drug and alcohol support for youth and adults that is relevant.
- More respite options for tired parents.
- High level of need for psychological and mental health needs in community youth.
- Presbyterian church provides a venue – need more venues for community groups.

## Environment

- Cultural appropriateness to engage families.
- Lack of housing associations in Mount Barker.
- Green infrastructure in urban area to counteract impacts of climate change.
- Better access to and appreciation of the natural environment for the increasing urban population.
- 'Feel Blue, Touch Green Study' – regarding impact of mental health/wellbeing by involvement in environmental groups.
- Physical activity – need for most people to get more – education and supportive environment.
- Lack of affordable and available venues to visiting services to provide services in isolated townships e.g. consultation groups.
- No services for persons with chronic health who are under 65 years old.
- Social isolation doesn't build social capital.
- Engaging communities (community hubs) schools, Kindergartens and community centres.

## Other

- Have you consulted directly with the community members?
- Youth mental health – high need, expressed need.
- Evidence of expressed needs (youth) – increased mental health issues, DU violence, eating disorders, family relationship, coping with stress.
- Transport opportunities.
- Transport (always an issue) – community passenger network that is inclusive of people with Dementia.
- Working in partnership with ASSA for services of people living with Dementia and the carers.
- Evidence of expressed needs – mental health issues, most students at AMVC to varying levels, aggression and violence, sexual health, eating disorders.
- Strong youth sector in the Hills existence (Adelaide Hills Youth Sector Network Inc.).
- Population health data access.
- Volunteering is a great mechanism to engage people and keep them healthy.
- Volunteering is great way to provide additional support to people in need (cost effective but not free).
- Health promotion – sexual health, mental health.
- Mental health and suicide underrepresented in data and findings?
- Very difficult to get appointments with psychiatrists for young people – wait 3 months.
- Why was mental health illustrated under disease? (first slide in presentation) should be under wellness.
- Financial stress excluded in slide 2 of presentation.
- Cross boundaries issue –people need to travel to get support – emergency relief, emergency accommodation, must go to Adelaide.
- Regular meetings for health networks for planning.
- Obesity.
- Include regional youth strategy in consultative documents.
- Younger onset Dementia key workers. Link people living with young onset Dementia into appropriate services and work – partnership with agencies to create services.
- Support for carers of people with Dementia.
- TRANSPORT
- Overlap of services that can develop 'gaps' – either disability or health but not both.
- Transport issues for people attending appointments that live in remote areas often have to rely on volunteer services.
- Lack of funding.

## IDEAS & OPPORTUNITIES

### Sticky Label Exercise

- Directory of health services.
- Social inclusion is a great way to prevent deterioration of mental health.
- Local government needs to communicate with Adelaide Hills Health services to gain insight into the needs of the local community.
- Better access/opportunities related to nature based play for young people.
- Secure free car parking for agencies.
- Free space in townships for visiting health services and groups.
- Access and facilitate programs around positive psychology for all ages (building on Seligman's work).
- Visual mapping of services for each organisation.
- A hub for 'Health' not just medical services.
- Community transport for young or mums in isolated communities.

### Group 1 Brainstorm

- Opportunities for sufficient staffing for service providers.
- Addressing social isolation (i.e. volunteer visiting programs).
- Increasing social opportunities (community events to connect).
- Improve transport and services (difficult for people to get an appointment) – railway line.
- UK program 'Keyring' – community links – develop friendships, support people to maintain home.
- Simplify systems/services/programs – can be difficult to navigate and complex.
- More jobs/employment/work experience/career opportunities.
- Increase sporting culture/lifestyle.
- Doctor available after hours.
- Improve hospital to meet needs of community.
- Make area attractive to professionals.
- Partner with other service providers.

### Group 2 Brainstorm

- Dementia friendly community – schools, councils, recreational, retail.
- Closing down of health services in general leads to major issues.
- Develop partnerships with Alzheimer's Australia and wider community.
- Aboriginal community development officer worked well within the community – MUST CONTINUE, key workers.
- Dementia link workers needed.
- Mental health workers needed to raise awareness of services, increase access.
- Lack of community transport to enable access to services e.g. Callington, Kanmantoo, Hills generally.
- Transport services within Hills regions to service Hills adequately.
- Mental health services for young people need to be accessible and addressed promptly.
- Prioritise Dementia on Public Health Plan.
- How will community control affect the Aboriginal community within the Hills?
- There is a need for bulk billing.

## Group 3 Brainstorm

- Volunteer training needed – across all agencies to run existing and new programs.
- Joint advocacy for children’s centre – providing health visits, playgroups, transport, SACE etc. courses for mothers – e.g. Noarlunga, Café Enfield. No other service to fill this gap.
- This could be provided through building and expanding on existing infrastructure.
- Regular meeting for health planning – create a platform for collaboration.
- Each organisation should have a visual ‘map’ of health programs, facilities etc. within the district – technology to facilitate this – so they know where to refer people and what is available.
- Home and Community Care funding ending in June 2015 – future uncertain.
- Look at what individual agencies are doing for a particular cause e.g. youth suicide – what networks exist between these, facilitate information.
- Where do the boundaries sit in community wellbeing – how do we know what people are doing and achieving and if there are actually gaps that need to be filled.
- Cannot be restricted by physical boundaries – providers in this group service a greater area.
- Murray Bridge has meetings for networking around each cause e.g. mental health.
- Clear objective should be stated for these meetings – who is it for, how are the different sectors defined, focused delivery.
- Understanding of issues and how these are addressed currently and in future across all levels of government – Federal, State, and Local.
- Transport – funding for community transport for high need and isolated individuals for hospital visits etc. e.g. not just aged population buses but youth, children car seats a problem in transport.
- ‘Carina for Our Community’ – volunteer transport, option to expand services? Currently only Adelaide Hills and only for older people.
- Murray Bridge has a \$2 community bus which will pick you up.
- Spaces to run programs, need to be low cost – shared infrastructure? Funding provision for access to spaces? How would this work with State Government funded services would they still qualify for discount spaces?
- Advocacy & Funding – ‘Shine sexual health, ‘Head Space’ these do not come into the Hills region, but are provided in the city, youth in the Hills therefore cannot access these easily or discretely.
- Community health service closing down due to the McCann Report. Have not seen the impact of this yet. Cutting of State money to funnel into Federal services is affecting health & promotions funding and youth mental services etc.

## Group 4 Brainstorm

- Need for RENAL Dialysis facilities in Mount Barker.
- Solution Home Dialysis? Rather than the need to attend at Murray Bridge or City.
- Recognise Mount Barker as growing regional centre for dialysis needs in Mount Barker hospital.
- Need for better transport services for medical appointments etc.
- Enhance existing HACC services regarding transport.
- Better subsidisation of taxi charges.
- More reserved parking at local facilities, e.g. supermarkets etc.
- Need for better high-care packages, especially elderly.
- Make available earlier against recognised need.
- LG bodies need to lobby Federal Government providers.
- Greater support for carers.
- More respite options for carers, e.g. in home.
- Greater respite services for carers of young people.
- Provide greater training for local carers.
- Develop options for caring for children of parents who are now elderly.
- Encourage private practitioners to accept super clinic (GP Plus).

## Group 5 Brainstorm

- Country health service – improve relationship and data.
- 10 year service plan – country health.
- Improve referral information in emergency relief – health and social service co-ordinator.
- Potential co-ordinator roles e.g. complex needs.
- Improve communication between Medicare Local and other stakeholders.
- Special transport needs.
- Over 65's chronic health and no support.
- Transport to health services.
- Residential respite is short on beds.
- Community kitchens are a great existing facility that should be promoted more.
- Provide a supportive environment for healthy lifestyle choices – infrastructure (footpaths, parks, maintaining public space), promote social connectedness.

## Group 6 Brainstorm

- Country health reforms impact health and wellbeing across all ages, however this is a makeshift exercise to plug a newly created gap.
- Advocate for better policy.
- Leverage community strength and existing structures to 'plug the gap' – information sharing, development of strong relationships, leading to community development – do this because of intrinsic benefits not because of the changes in health.
- Local Government as driver of public advocacy/coordinating role? Regarding community information?

# S&HLGA REGIONAL PUBLIC HEALTH PLAN

## HEALTH STAKEHOLDERS SESSION AT VICTOR HARBOR

Tuesday 8 April 2014

### SUMMARY OF DISCUSSIONS

#### Participants:

|                   |  |
|-------------------|--|
| Anne Solte        | Townsend of Strathalbyn                            |
| Leann Symonds     | Fleurieu Families                                  |
| Helen Deguet      | Caring Neighbourhood Program                       |
| Rapsodie Barbour  | HSFKI Community Health Service                     |
| Annemieke Braund  | Milang & District Community Association            |
| Cathy White       | Southern Fleurieu Health                           |
| Jeremy Bell       | Fleurieu/ KI STARCLUB Field Officer                |
| Sally Shepherd    | Alexandrina Council                                |
| Karen Rokicinski  | Alexandrina Council                                |
| David Hammond     | Goolwa Children's OTR                              |
| Jill Griffen      | Goolwa Children's Centre                           |
| Vicki Neilson     | Elliot Gardens Retirement Village                  |
| Terry Lee         | RDA  |
| Adam Low          | Goolwa Uniting Church – Open Door Centre           |
| Amanda O'Shea     | Victor Harbour High School                         |
| Sue Bradsheet     | Trees For Life                                     |
| Kerry Pomery      | Fleurieu Families                                  |
| Jodie Allsop      | FIFO Families                                      |
| Nina Oughton      | HSFKI Community Health                             |
| Greg Hatcher      | Community Partnerships at Work                     |
| Karen Salisbury   | Millhouse Medical Centre                           |
| Anne Woolford     | Alexandrina Council/ Hills Area HAC                |
| Mark Oliphant     | City of Victor Harbor                              |
| Bruce Linquist    | Encounter Centre Inc.                              |
| Ann Nosworthy     | Positive Aging Taskforce                           |
| Greg Lundstrom    | N/Resources SA                                     |
| Brenton Marshall  | Goolwa Open Door Centre                            |
| Terry Mangelsdorf | Cares SA – Commonwealth Respite & Corelink Central |
| Deb Sparkes       | SAFKI Medicare Local - VH                          |
| Carol Tutchewer   | Carer Wellness Centre                              |
| Lesley Siggery    | Calvary Silver Circle                              |
| Renée Butler      | Fleurieu Families                                  |
| Richard Pierce    | Victor Medical Centre                              |
| Brenton Hudson    | Pt. Elliot Primary School DECD                     |
| Ceara Rickard     | Life Without Barriers                              |
| Beth Moore        | Alexandrina Council                                |
| Colin Shackelford | Alexandrina Council                                |
| Trevor Baggs      | Life Without Barriers                              |
| Anita Saunders    | Finding Workable Solutions                         |
| Craig Edwards     | Couth Coast Dietitian Services                     |
| Lynda McCarty     | RSB VH Region Southern Fleurieu                    |
| Jen Leske         | DECD VH High School                                |
| Teresa Moran      | Alzheimer's Australia (SA)                         |

## CURRENT SITUATION AND ACHIEVEMENTS

- Recreation & Leisure working with Caring Neighbourhood Program/ RSB Social Stretch.
- RSB/ VH Library Talking Book Club.
- Strong volunteers in Alexandrina.
- Goolwa Open Door Centre enables health service providers to take their services into Goolwa on a part time basis.
- Encounter Centre has people with disability, aged/socially isolated, mental health, disadvantaged/unemployed, welfare dependent, rehabilitation/work cover.
- Trees for Life provide support for volunteers looking after native vegetation – this promotes human wellbeing as well.
- Flourishing on the Fleurieu EXPO tomorrow.

## INFORMATION AND KEY ISSUES (through Sticky Label Exercise)

### Programs & Services

| Topic        | Information or Key Issues   |
|--------------|---|
| Older Adults | <ul style="list-style-type: none"> <li>▪ Day care options &amp; support for Aged Respite – Dementia.</li> <li>▪ Not enough workforce to provide care for older people.</li> <li>▪ Aged care for people with mental health issues.</li> <li>▪ Lack of mental health services for older people.</li> <li>▪ Commonwealth programs funded under HACC are only funded to end of June 2015. This has implications for programs for aged people and their carers.</li> <li>▪ Gaps have been noticed when older people are discharged from hospital in Adelaide to their homes in Victor Harbor etc. with no discharge plan or transitional services in place to support them.</li> <li>▪ Issues with navigating the aged care system from services at home to accessing residential care.</li> </ul> |
| Families     | <ul style="list-style-type: none"> <li>▪ Support for children and families with special needs.</li> <li>▪ Meeting children and young people health needs in Victor Harbor, Yankalilla and Kangaroo Island.</li> <li>▪ Fleurieu Families program which provides a range of services and support for families across the region is only funded until the end of 2015.</li> <li>▪ Health professionals support within a school campus. Address family issues in conjunction with education.</li> <li>▪ More support for counselling of younger children CAHMS.</li> <li>▪ Family and community safety issues – domestic violence, adolescent violence.</li> <li>▪ Increase in families with multiple complexities.</li> </ul>  |
| Youth        | <ul style="list-style-type: none"> <li>▪ Young people activities on Kangaroo Island besides sport.</li> <li>▪ Young parent support.</li> <li>▪ Youth funding for preventative model programs.</li> </ul>  |

## Programs & Services (continued)

| Topic      | Information or Key Issues   |
|------------|---|
| Disability | <ul style="list-style-type: none"> <li>▪ Not enough volunteers within the area who want to work with people with disabilities – vision impaired.</li> <li>▪ Respite care for children with special needs.</li> <li>▪ Respite facility – places for short term respite.</li> <li>▪ Service gaps – disability services for children in local region.</li> <li>▪ Easy access to mainstream services rather than congregated and segregated services for people with disabilities.</li> <li>▪ Work opportunities for people with disability – support employment quotes etc.</li> <li>▪ Given our demographic; levels of Dementia in our community are likely to increase significantly.</li> </ul>   |
| Carers     | <ul style="list-style-type: none"> <li>▪ Carer Wellness Centre has increased awareness of our services but carers prefer to try to manage on their own so don't come to us until they have a major crisis.</li> <li>▪ Lack of availability of 'in home' respite means that carers cannot take care of their own health needs.</li> <li>▪ Strathalbyn and Districts (Alexandrina) has many carers taking care of each other in 70-90 age groups. For carers to maintain their caring role in home support services are needed.</li> </ul>  |
| Transport  | <ul style="list-style-type: none"> <li>▪ Transport difficulty within Victor Harbor &amp; Goolwa area for getting clients to recreation and leisure groups.</li> <li>▪ Transport for aged in Southern Fleurieu to City for Medical – if no personal transport.</li> <li>▪ Medicare Local based at Victor Harbor –Strathalbyn population travel to Mt. Barker and Adelaide for Health Services (those not already available in Strathalbyn).</li> <li>▪ Transport to and from Flinders Medical Centre a problem for residents in the Strathalbyn area.</li> <li>▪ Transport – very limited options for residents in Milang.</li> <li>▪ Transport needs are huge in Strathalbyn and Districts. Carers who cannot drive/ or who can no longer drive or who have gophers cannot access health or specialist or day procedure appointments local or in Adelaide. Limited volunteer drivers cannot cover 7am-7:30pm span of hours required for Adelaide appointments.</li> <li>▪ Transport – access to services by Aboriginal families.</li> <li>▪ More public transport for people who cannot afford to drive or are not allowed to drive – access barriers.</li> <li>▪ Service access transport.</li> <li>▪ Transport – within towns, between towns – Yankalilla, Victor Harbor, Goolwa.</li> <li>▪ Public Transport (3 comments)</li> <li>▪ Transport to other areas where services exist.</li> <li>▪ Transport for elderly around their local area/s.</li> <li>▪ Transport isolation.</li> <li>▪ Limited public transport – limits access to health. People of low SES and those who cannot drive – Victor Harbor, Yankalilla and Kangaroo Island councils - have substantial issues with this.</li> <li>▪ Accessible transport options for families/ individuals who are isolated and trying to engage with and in their community.</li> <li>▪ Need better coordinated transport solutions across the region.</li> <li>▪ Transport options for people with Dementia – taxis are often not a suitable alternative.</li> <li>▪ Great to have new swimming pools etc. However if no public transport between towns for people to use what is the point.</li> <li>▪ Inappropriate KI ferry regulations for disabled and support for transport.</li> </ul> |

## Programs & Services (continued)

| Topic                              | Information or Key Issues   |
|------------------------------------|---|
| Medical and Mental Health Services | <ul style="list-style-type: none"> <li>▪ Not enough specialist medical services.</li> <li>▪ We have too long waiting lists to seek mental health services in their community.</li> <li>▪ Limited MH services – MH teams do very well but lack of MH and AOD beds and lack of CRC's in the areas impact – seen these issues across the region.</li> </ul>  |
| Health Promotion                   | <ul style="list-style-type: none"> <li>▪ Costs of preventative services or health promotion – unfunded.</li> <li>▪ Parents lack of education in health aspects e.g. importance of diet, exercise.</li> <li>▪ Community must develop a positive psychology in regard to taking personal responsibility for mental health and general health.</li> </ul>  |
| Coordination and Cooperation       | <ul style="list-style-type: none"> <li>▪ Coordination of services.</li> <li>▪ Coordination of private vs. public health services.</li> <li>▪ Navigation of services – who/ when.</li> <li>▪ Multi-dimensional issues – shared facilities enables inter-agency support e.g. drug and alcohol/ emergency food/ employment services/ personal counselling e.g. Goolwa Open Door Centre.</li> </ul> |
| Sport and Recreation               | <ul style="list-style-type: none"> <li>▪ Rising cost of participation in sport/ recreation – access to clubs. Equipment, and participation opportunities.</li> <li>▪ Ensuring communities have healthy and sustainable sporting and active recreation clubs.</li> </ul>   |
| Other                              | <ul style="list-style-type: none"> <li>▪ The 'State of Health' of individual Councils closely matches their economic profile.</li> <li>▪ Kangaroo Island – lack of respite facilities, houses , and cottages – most respite needs to be on the mainland – additional transport/ carer support costs.</li> <li>▪ Local access to services – timely.</li> </ul>                                   |

## Community Groups/Social

| Topic         | Information or Key Issues   |
|---------------|---|
| FIFO Impacts  | <ul style="list-style-type: none"> <li>▪ Isolation from society, Fly in Fly out (FIFO), because there is no support when partner away.</li> <li>▪ An increasing number of families are becoming FIFO families (husband or wife working away from home for varying periods of time). Support available but not sure how to promote it.</li> </ul>  |
| Mental Health | <ul style="list-style-type: none"> <li>▪ Mental Health issues exist.</li> <li>▪ Mental Health – reluctance of sufferers to stay connected to services due to poor service/support.</li> <li>▪ Mental health in younger children.</li> <li>▪ Mental health.</li> <li>▪ Without meaningful activities for community members, mental health issues are likely to increase.</li> <li>▪ Adolescent mental health issues – anxiety, not coping with family breakdown – decrease in resilience.</li> </ul> |

## Community Groups/Social (continued)

| Topic                  | Information or Key Issues   |
|------------------------|---|
| Drug and Alcohol       | <ul style="list-style-type: none"> <li>▪ Binge drinking on KI (youth).</li> <li>▪ Drug use.</li> <li>▪ Seeing increase in drug and alcohol abuse.</li> </ul>  |
| Gambling               | <ul style="list-style-type: none"> <li>▪ Gambling and financial stress.</li> </ul>  |
| Isolation              | <ul style="list-style-type: none"> <li>▪ Isolation (2 comments).</li> <li>▪ Social inclusion of elderly.</li> <li>▪ Social isolation – we at Fleurieu Families utilise volunteers in our ‘home visiting program’. However volunteers are limited and people are in great need of being connected in their local communities.</li> <li>▪ Social isolation and resultant unhealthy behaviours.</li> </ul> |
| Families               | <ul style="list-style-type: none"> <li>▪ Disengagement of youth and families from schools.</li> <li>▪ Marital breakdown – lack of resources for prevention and recovery.</li> <li>▪ Personal life issues – divorce and separation/ depression etc. Negative lifestyle choices seem to be prevalent.</li> </ul>  |
| Youth                  | <ul style="list-style-type: none"> <li>▪ Youth experiencing hopelessness – leading to poor health outcomes.</li> <li>▪ Employment opportunities for youth.</li> <li>▪ Adolescents undertaking carer roles at the expense of their education – parental disease.</li> <li>▪ Breakdown of values from generation to the next i.e. increases in violence towards adolescents.</li> </ul>                   |
| Aboriginal Communities | <ul style="list-style-type: none"> <li>▪ Aboriginal health and wellbeing.</li> </ul>  |

## Facilities/ Infrastructure

| Topic                               | Information or Key Issues   |
|-------------------------------------|---|
| Housing and Accommodation           | <ul style="list-style-type: none"> <li>▪ Carers SA Commonwealth Respite &amp; Corelink Centre provided emergency and short term occasional respite for carers. Lack short term respite beds in facilities in Southern Fleurieu and KI.</li> <li>▪ Safe accommodation for people with mental health issues.</li> <li>▪ Affordable accommodation for people with mental health issues.</li> <li>▪ Not enough affordable housing.</li> <li>▪ Housing for young people (x2) – why do they have to give up year 12 to shift out of region to get housing? Youth housing – lack of – none!</li> <li>▪ Limited housing opportunities for people with MH issues and disabilities – has led to people leaving their communities in the region due to lack of options.</li> <li>▪ Lack of emergency housing.</li> </ul> |
| Education                           | <ul style="list-style-type: none"> <li>▪ Education opportunities for youth – most move to city.</li> </ul>  |
| Other Facilities and Infrastructure | <ul style="list-style-type: none"> <li>▪ Infrastructure supports wellbeing.</li> <li>▪ Infrastructure development (little local support).</li> <li>▪ Creating Dementia friendly community spaces/ planning.</li> </ul>  |

## Environment

| Topic          | Information or Key Issues  |
|----------------|--|
| Urban Design   | <ul style="list-style-type: none"> <li>Urban design – maintaining greened areas, shade trees, sustainable housing design and retrofits.</li> </ul>   |
| Climate Change | <ul style="list-style-type: none"> <li>Climate Change impacts on health – stress, fresh water and nutritious food in the longer term, need to be solution focused.</li> <li>Long term impacts of Climate Change – impacts of heat events, exposure to flood and extreme storm events.</li> </ul> |
| Nature         | <ul style="list-style-type: none"> <li>Abundant bird species – noise, pollution, vegetation destruction.</li> <li>Illness is associated with the lack of connectivity to our natural world – Nature Deficit Disorder.</li> <li>Beautiful environment and climate.</li> </ul>                     |
| Sustainability | <ul style="list-style-type: none"> <li>Sustainable living – there are links between employment, education, industry, transport, income – currently these do not link.</li> </ul>   |

## Other

| Topic                          | Information or Key Issues   |
|--------------------------------|---|
| Service Gaps                   | <ul style="list-style-type: none"> <li>SA Health no longer provides primary health care of community development, this space needs to be addressed by someone.</li> </ul>   |
| NGO's                          | <ul style="list-style-type: none"> <li>GPs are not referring to NGOs/NFPs because they lose their funding so rather than 'waste' their time GPs prefer to deal with Government services.</li> </ul>   |
| Information                    | <ul style="list-style-type: none"> <li>Sharing information across all areas about existing available services – e.g. homeless people in Strathalbyn were told to go to Murray Bridge for assistance.</li> <li>Dementia education of retail, banking, emergency services – 'what is Dementia' AASA resource.</li> </ul>  |
| Communication and Coordination | <ul style="list-style-type: none"> <li>Communication and coordination to prevent duplication of resources.</li> <li>Many information services changing to internet based services – forgetting about those who are not computer savvy.</li> <li>Lack of collaboration and information sharing between agencies and service providers.</li> </ul>  |
| Resources                      | <ul style="list-style-type: none"> <li>Repositioning of country Health SA is resulting in a withdrawal of State resources for primary and preventative health care across the region. Suggestion is that this will be funded by the Commonwealth, but no clear commitment at this stage</li> <li>Require consistent secure funding for important programs.</li> <li>CHSH focus on Primary Acute Care will impact on provision of preventative health in the local community e.g. Encounter Centre funding from CHSA to cease. Which Government department will E.C come under.</li> </ul> |

## IDEAS & OPPORTUNITIES

### Sticky Notes Exercise

| Topic                  | Ideas and Opportunities   |
|------------------------|---|
| Community Development  | <ul style="list-style-type: none"> <li>Empower/strengthen local neighbourhoods to identify and deal with local issues – child development, poverty, domestic violence etc.</li> </ul>   |
| Families               | <ul style="list-style-type: none"> <li>General resilience development for individuals and families.</li> </ul>  |
| Youth                  | <ul style="list-style-type: none"> <li>Strong youth partnerships.</li> <li>Youth programs that connect young people to their community – promoting learning, wellbeing, connectedness and healthy choices – e.g. flexible learning options program.</li> <li>Mentoring of youth by ‘older Australians’ – can lead to improved wellbeing, learning, connectedness for both parties – youth and mentor equals healthy communities of care.</li> </ul>   |
| Aboriginal Communities | <ul style="list-style-type: none"> <li>Youth advisory committee and Aboriginal youth action committee.</li> <li>Local Aboriginal Elder partnerships.</li> </ul>   |
| Dementia               | <ul style="list-style-type: none"> <li>Trigger protocols for prioritising people with Dementia in emergency departments.</li> <li>Further expansion of ‘buddy neighbourhood schemes’ to support people with dementia.</li> </ul>  |
| Carers and Support     | <ul style="list-style-type: none"> <li>More respite opportunities for carers of Dementia.</li> <li>Autism support groups and awareness of them.</li> <li>Respite facilities providing more short term respite beds access and for less than 2 weeks minimum period.</li> </ul>  |
| Volunteers             | <ul style="list-style-type: none"> <li>Development of volunteer programs/education in local community activities.</li> <li>A way of promoting volunteer support network around towns.</li> </ul>  |
| Employment             | <ul style="list-style-type: none"> <li>More employment opportunities for people with disability or disadvantage within the business - Council to reduce poverty.</li> <li>Funding workable solutions working well with Alexandrina Council and Fleurieu regional waste authority – providing jobs for people with disability at Goolwa Salvage and Save (15 jobs).</li> <li>Café employment project currently being planned to train people with disabilities in Victor Harbor – DOME are lead agency, business plan being developed.</li> <li>Community focus generating more full time employment and training related to employment opportunities in the regions.</li> </ul> |
| Education              | <ul style="list-style-type: none"> <li>Increased education for medical staff working in hospitals re. understanding Dementia and needs of RWB.</li> <li>Education of medical practitioners around timely diagnosis of Dementia and referral options.</li> </ul>   |
| Information            | <ul style="list-style-type: none"> <li>Greater access to information for families where to go when elderly need extra care and help.</li> </ul>   |

## Ideas & Opportunities (continued)

| Topic                         | Ideas and Opportunities  |
|-------------------------------|--|
| Facilities and Infrastructure | <ul style="list-style-type: none"> <li>▪ Safe bikeways and walkways to school.</li> <li>▪ Quality designed open space that promotes encourages physical activity for all ages.</li> <li>▪ Creating a combined health and wellbeing facility.</li> <li>▪ Building community connectedness (cultural centre/hub).</li> <li>▪ Open Door Centre (Goolwa Uniting Church) offers a ‘hub’ environment for community health service providers – more ‘hubs’ with intentionality would help.</li> </ul>   |
| Nature                        | <ul style="list-style-type: none"> <li>▪ Increase the connectivity with nature to promote good physical and mental health.</li> <li>▪ Increase natural areas in schools and health centres and housing, industry and business centres.</li> <li>▪ Community health centres allowing promotion of TFL Bush For Life volunteering opportunities.</li> </ul>  |
| Climate Change                | <ul style="list-style-type: none"> <li>▪ Undertake ‘excess heat factor’ predictive analysis for Southern Fleurieu.</li> <li>▪ Incorporate extreme heat events into planning (numbers of days over 40) – Council has to consider refuge provision.</li> <li>▪ Education for elderly and vulnerable who do not use air conditioning in extreme heat days – address affordability or security issues.</li> </ul>  |
| Health Awareness              | <ul style="list-style-type: none"> <li>▪ Community education of dementia in schools.</li> <li>▪ Tighten media regulation – not just TV, Facebook etc. Government set the standard – we need to take stand as to what kids see and hear and replicate – i.e. violence, poor eating, bullying etc. proactive rather than reactive.</li> <li>▪ Council have a proactive stance on helping educate parents re. parenting not just left to schools – diet, violence.</li> </ul>   |
| Preventative Health           | <ul style="list-style-type: none"> <li>▪ Preventative health promotion needs to focus on all community – not groups people into categories.</li> <li>▪ Should focus on prevention of illness and disease rather than fixing people when they are sick – preventive medicine.</li> <li>▪ Return the emphasis to prevention of illness not treatment after illness has occurred</li> <li>▪ Allied health working with GP’s and Medicare Local on health promotion.</li> <li>▪ To have private practice health professionals working with NGO’s and Local Government to address health issues e.g. success story is South Coast Dietician Services working with Junction Australia and Alexandrina Council (OPAL) to improve nutrition issues for disadvantaged families.</li> <li>▪ Open Door Centre (Goolwa Uniting Church) runs healing and wholeness (recovery and resilience programs) that are delivered in the context of community.</li> <li>▪ To have private practice health professionals work with organisations to do health promotion as a way to support families e.g. South Coast Dietician Services working with Pt. Elliot and Goolwa playgroup, funding is limited though, small amount of help from Alexandrina Council.</li> </ul> |
| Medical Services              | <ul style="list-style-type: none"> <li>▪ 24 hour doctor clinic.</li> </ul>   |

## Ideas & Opportunities (continued)

| Topic                 | Ideas and Opportunities   |
|-----------------------|---|
| Transport             | <ul style="list-style-type: none"> <li>▪ More regular public transport and more accessible transport options to aid attending appointments and employment and meaningful activities.</li> </ul>   |
| Funding and Resources | <ul style="list-style-type: none"> <li>▪ Funding why competitive tenders?</li> <li>▪ Our State Government health resources for nutrition and health promotion has been reduced, however private practice can be a way to fill gap e.g. South Coast Dietician Services working with Local GP's and delivering free diabetes groups.</li> </ul>   |
| Collaboration         | <ul style="list-style-type: none"> <li>▪ More partnerships and collaboration between Local and State Government i.e. link common services and programs.</li> <li>▪ Greater partnership with Local Church community for program delivery at grass roots level.</li> <li>▪ Opportunity to develop a network of NGO's, LG's to lobby/advocate on behalf of the region.</li> <li>▪ Schools as hubs for health professionals – happy to host; doctors, psych, speech therapist, O.T, nurse, counsellor.</li> <li>▪ More collaborative solutions from Councils across the region</li> </ul> |
| Other                 | <ul style="list-style-type: none"> <li>▪ Opportunities for people to increase independence in their homes.</li> <li>▪ Adopt ideas from Dr. Richard Louv's book 'The last Child in the Woods'.</li> <li>▪ So many different boundaries? Health/ HACC etc.</li> <li>▪ Regional Health Plan lifespan identified to ensure we cater for future generations.</li> <li>▪ Remove one level of Government e.g. State – too many hurdles to apply good models.</li> <li>▪ SA Health Plan set priorities and action plan with outcome based measures.</li> </ul>                                |

### Group 1 Brainstorm

- Need for psycho-geriatric accommodation and support services.
- Mandate the requirement for psycho-geriatric places to form part of every new residential aged care development.
- Mental health/ Dementia interface – training for Cert 3 and 4's in all settings including acute.
- Dementia training for volunteers in E.D, Hospital, Encounter Centre.
- Victor is a growing region – we have a lot of young people but we have nothing here.
- Transport.
- Staff turnover.
- GP's – 4-8 week waiting list – hard to recruit, need capital investment for new clinic centre.
- Employ hospital support staff to reduce reliance on GP's doing multiple jobs.
- Medical Centre needs to grow but where? No public transport, parking, pedestrian access. Need master plan for CBD.

## Group 2 Brainstorm

- Better coordination and collaboration between community transport services to support a “whole of region” response - improved information sharing between services.
- Better coordination between community transport services and local and regional health service providers.
- Consistent geographical boundaries for State, Commonwealth and Local Government services with boundaries relevant to local communities.
- Simple one stop access point for information on services easily accessed web based data base via Council websites would be good.
- Breakdown of silos within the State Government in particular.
- Clarification of roles and responsibilities between levels of Government – who is doing what?
- Improved information sharing between services and increased awareness of services.

## Group 3 Brainstorm

- World café days.
- Alliances – can lobby/ advocate – builds connections.
- Linking needs (social determinants) to training and industry.
- Linkages through databases.
- Strategic level collaboration as well as neighbourhoods and grass roots e.g. community gardens etc. (Onkaparinga experience).
- Smooth transitions and planning.
- Better promotion of services.
- Support of volunteer organisations.
- Community hubs – access to info, ‘no wring door’, schools/childcares/ Kindy etc., electronic access, doctors/medical centres.
- Community safety initiatives – whole of community approach, SAPOL being involved, developing a sense of community, encouraging community development initiatives, advocating for afterhours DV and Crisis/mental health supports.
- Reducing isolation – walkable communities, access to public transport, park & neighbourhoods, OPAL events, opportunities to expand existing transport options (Cockle train line).
- Opportunities – better use of social media and technology.

## Group 4 Brainstorm

- Coordination of aged care packages, good youth network – work across Council regions really well, good networking/ collaboration.
- Using internet mentoring/ general mentoring.
- Local solutions – e.g. health promotion through partnership on local level – community health, aged persons.
- Enhancement of youth/ Aboriginal services.

## Group 5 Brainstorm

- Shared information – one file/ database.
- Holistic approach to service for families and individuals – e-health, e-mental health, e-financial health, e-support vs. communication.
- Prevention before reaction.
- Communication between all professionals – health, education, allied health.
- Building resilience.
- Different level of communication for prevention vs. reaction response e.g. youth – combined conversation to discuss potential response.

## Group 6 Brainstorm

- VHH School – DOC – CAMHS, Torrens House, SAFFY – ongoing funding deficit.
- Preventative needs a community focus.
  1. i.e. awareness raising strategies (target adult population)
  2. funding
  3. not one size fits all
  4. multiple strategies
  5. online learning – public health etc., issues with interest connection
- Resources to meet small stuff needs i.e. assisting over 75's to change light bulb solution – use service clubs, school service learning program.
- Mentoring/ buddy programs to integrate isolated people into community supports.
- APPs – for local health services, risk reduction, diets, natural health service directory.
- Transport – outside medical.

## Group 7 Brainstorm

- Bus services – people without transport.
- Other services for retirees.
- Lack of trust as programs have short funding – smaller groups don't stack up well with program statistics.
- Competition for funding – loss of service, grant writing determines regions priorities? – policy shift.
- NGO – dynamic is changing (run on a business case) – collaborative approach is only part of the solution.
- Need a sustainable model of funding/ service delivery.
- Utilisation of resources that are just sitting around.
- Retiree reliance on services (beyond their own capacity) – volunteer benefits.
- Want regional plan to drive policy and implementation (needs to be resourced).

## Group 8 Brainstorm

- Drive policy through Regional Health Plan – need policy shift – resourced implementation.
- Consistent geographical boundaries – State, Commonwealth and Local Government.
- Breakdown silos – State Government.
- Clarification of roles and responsibilities (different levels of government).
- Over 75's – day to day tasks
  1. Home help – matching groups
  2. Youth – service clubs, need a coordinator
  3. Volunteers – mentoring
- New technology communication/ collaboration.
- 'No wrong' door policy – holistic approach to information on all services e.g. volunteer organisations, all services, hub- one stop shop.

# S&HLGA REGIONAL PUBLIC HEALTH PLAN

## KANGAROO ISLAND HEALTH STAKEHOLDERS SESSION

Friday 11 April 2014

### SUMMARY OF DISCUSSIONS

#### Participants

| Name              | Organisation                                    |
|-------------------|---|
| Maree Baldwin     | Kangaroo Island Council, Community Affairs      |
| Andrea Church     | CHSALHN, Service Initiatives                    |
| Genevieve Clark   | KI Medical Clinic                               |
| Lyn Dohle         | KI Health Advisory Council                      |
| Monique Hayward   | EC, DES Workskil                                |
| Lynlee Heinrich   | Finding Workable Solutions                      |
| Alison King       | Community Health                                |
| Margaret Pope     | Disability SA                                   |
| Sharon Tucker     | Life Without Barriers (LWB)                     |
| Christopher Vakas | Kangaroo Island Council, Environmental Services |

The session was facilitated by Suzanne Suter, Suter Planners (S&HLGA Regional Health Plan Consultant Project Manager).

In addition, a 'one on one' session was held with Cathie Tydeman representing Junction Australia.

#### Group Discussion: Information and Issues

| Topic                | Information and Issues   |
|----------------------|--|
| Project Focus        | <ul style="list-style-type: none"><li>▪ Don't just focus on Kingscote. The study needs to relate to the whole Island.</li></ul>  |
| State of Health Data | <ul style="list-style-type: none"><li>▪ Need to reconsider the mental health data and where it comes from.</li><li>▪ Obtain information from the 'mental health centre'. Need to broaden the data.</li><li>▪ Consider financial stress in general and not just mortgage stress. Farm loans create financial stress.</li><li>▪ Need to know the source of the data and obtain additional information on some of the issues, e.g. suicide (how real is this figure).</li><li>▪ People are often going without help and therefore the data is not completely accurate.</li></ul>  |
| Population Character | <ul style="list-style-type: none"><li>▪ There are two different characteristics:<ul style="list-style-type: none"><li>– Kingscote (the 'city')</li><li>– Remote areas</li></ul></li><li>▪ People work together as a community in the rural areas. Progress Associations are evidence of this.</li><li>▪ Consider the differences between the lower socio-economic people in the community and the 'more affluent'.</li><li>▪ People in the community can be judgemental (where people are judged by the mistakes they made when they were young).</li><li>▪ Everyone knows about everyone else and judgements are made. This makes it hard for some people to 'fit in' and obtain employment.</li><li>▪ People come to Kangaroo Island to live in a quieter place and some come to escape.</li><li>▪ Consider the characteristics of the transient population.</li></ul> |

## Group Discussion: Information and Issues

| Topic               | Information and Issues  |
|---------------------|---|
| Mental Health       | <ul style="list-style-type: none"> <li>▪ Over 90% of health service clients have mental health issues.</li> <li>▪ People with mental health issues don't necessarily use the mental health services.</li> <li>▪ Consider what the mental health services are and whether they are meeting needs.</li> </ul>   |
| Drugs and Alcohol   | <ul style="list-style-type: none"> <li>▪ There are issues associated with drugs and alcohol. Ice is destroying lives and drugs have become a massive issue.</li> <li>▪ Need increased awareness of the issues associated with alcohol and drugs so that organisations realise there are issues.</li> <li>▪ People with drug and alcohol issues often won't use the services available.</li> <li>▪ There is a need for alcohol education. Question the messages that are being given. The culture of sport is around drinking (some footballers drink before they play). Need to address the issues through schools and sport.</li> </ul>  |
| Other Social Issues | <ul style="list-style-type: none"> <li>▪ Homelessness, domestic violence and child abuse are major issues that are hidden and avoided on the Island.</li> <li>▪ Where people are living in remote areas, others do not see the way people are living and the abuse that is occurring.</li> <li>▪ Uncertain as to why suicide rates are high. Where there are suicides other people often had no idea that there were issues. There are a lot of attempted suicides.</li> </ul>  |
| Medical Services    | <ul style="list-style-type: none"> <li>▪ People may not 'follow up' on appointments due to the costs involved.</li> <li>▪ People are not paying their medical bills.</li> <li>▪ Some people prefer service providers to come from the mainland. They do not want to talk to people on the Island for privacy reasons.</li> <li>▪ The cost of health care is an issue for a lot of people. Bulk billing is not always available and cost can be a constraint to people using the service. People are not taking medicines as a result and this is adding to mental health issues.</li> </ul>   |
| Disability          | <ul style="list-style-type: none"> <li>▪ Volunteer opportunities for people with a disability are limited.</li> <li>▪ People with a disability experience social isolation.</li> <li>▪ Disability focussed health services are lacking.</li> <li>▪ Knowing about activity opportunities is an issue for people with a disability.</li> <li>▪ Pathways are often not accessible for people in a wheelchair or gopher.</li> <li>▪ Urban environments have become more accessible over the past 10 years. However, older buildings are not accessible and organisations do not have the funds to undertake modifications to the buildings.</li> <li>▪ Transport is not wheelchair accessible.</li> </ul> |
| Youth               | <ul style="list-style-type: none"> <li>▪ Consider the Mission Australia Youth Survey.</li> <li>▪ Youth services are not being provided. This is an issue as youth are the future.</li> <li>▪ Mental health is an issue for youth.</li> <li>▪ There is no support for parents who have youth with health issues.</li> <li>▪ There is need for a closer link with schools. Need to address the issues together.</li> <li>▪ Education is needed on how to deal with youth.</li> <li>▪ Bullying at school is an issue (often linked to problems at home).</li> </ul>  |

## Group Discussion: Information and Issues

| Topic                    | Information and Issues  |
|--------------------------|---|
| Employment and Training  | <ul style="list-style-type: none"> <li>▪ Employment and training is an issue for youth and people with a disability.</li> <li>▪ A health service sub-committee could be established to identify employment training opportunities and there could be a disability focus.</li> </ul>   |
| Education                | <ul style="list-style-type: none"> <li>▪ More training opportunities and resources are needed in the school to assist teachers to work with children with a disability.</li> <li>▪ Autistic children are allowed to go to mainstream schools on the Island and this is why some people live on the Island.</li> </ul>   |
| Health Service Provision | <ul style="list-style-type: none"> <li>▪ There is a community health worker on the Island but they are stretched to the limit.</li> <li>▪ Fly in and fly out services are common. Do they come enough? Some focus too much on meetings and don't have time to see clients.</li> <li>▪ It would be good to have more service workers on the Island. But if manage people resources well, can still provide the services required.</li> <li>▪ In some areas there is not enough choice of service providers.</li> <li>▪ People don't have many choices for health services on Kangaroo Island.</li> <li>▪ Health is moving away from health prevention. This is an issue in general.</li> </ul> |
| Service Approach         | <ul style="list-style-type: none"> <li>▪ Services do refer people to other services.</li> <li>▪ Every three months a community services forum is held and Council is involved. Updates are given on what is happening on the Island.</li> <li>▪ Service providers who work across the mainland and Kangaroo Island are multi-skilling and putting more time into Kangaroo Island than they should allocate. This is giving a false sense that the existing resource allocation for Kangaroo Island is adequate when it is not.</li> </ul>   |
| Service Cooperation      | <ul style="list-style-type: none"> <li>▪ The various health service groups are working together to provide opportunities for people with a disability.</li> <li>▪ There could be opportunities to subsidise wages for certain roles, e.g. shared funding to provide shared services.</li> <li>▪ Grant funding opportunities for shared services could be sought and Council could play a role in this.</li> <li>▪ Consider holding workshops so that health service groups can find out more about what each other is doing.</li> </ul>   |
| Other Information        | <ul style="list-style-type: none"> <li>▪ Look at how services can provide more information for the Health Plan to give the 'true picture'.</li> </ul>   |

## Individual Sticky Label Exercise

### *Information and Issues*

- Youth need free activities. Not all do sport.
- The cost of physical activity.
- 'Free' wellbeing activities are needed, e.g. walking, tennis, swimming, volleyball.
- Mental health 'stigma'.
- Lack of employment opportunities affecting health and mental health.
- Financial security, diet, exercise etc.
- Lack of Real community connectedness for people with disabilities.
- Lack of community education within various vocations regarding employment of people with a disability.
- Ageing population.
- Kangaroo Island has lower than average incomes and higher cost of living.
- A large number of families are in crisis situations with little support (financial, health, mental health). There is a lack of professional people on Kangaroo Island to assist people to cope and grow.
- Drugs and alcohol issues particularly in young.
- Alcohol and the impact on health, safety and well-being.
- Heavy drinking seen as the norm (one doctor said 6 drinks a night is normal).
- Drinking culture on KI.
- Drugs and alcohol impact on health services.
- Limited drug and alcohol services.
- There are high numbers of people on the Island with mental health issues. Many people come to Kangaroo Island thinking they will cope better in a smaller quiet community. These people do not have a support network and often no contact with support providers.
- Issues related to the unemployed being labelled by mistakes and wrong choices made in their youth. Lack of employment opportunities being the end result.
- Cost of health care.
- Local services vs. 'fly in fly out' services.
- Visiting health professionals often are not trusted or seen as able to assist. People do not like continually repeating their story to new health providers.
- Issues relating to training programs from the mainland. RTO's to address skills required by employers, e.g. civil construction equipment.
- Access to emergency accommodation.
- There is a lack of public housing.
- Access to monitoring services, e.g. bone density, mammogram, dental, i.e. having the ability to identify issues and manage them before they become 'big' issues.
- There are lots of services on the Island but how do people find out what is available.
- Lack of (or lack of awareness of) lifestyle and preventative health programs.
- CHSA has a public training resource called 'making connections'. This workshop assists people to understand the concept of public health and factors in our society and environment.

## Group Discussion: Ideas and Opportunities

| Topic                   | Ideas and Opportunities  |
|-------------------------|--|
| Shared People Resources | <ul style="list-style-type: none"> <li>▪ The various health services could work together and share resources by bringing together part time appointments to create a full time position that focuses on community health. This could include combining FTE's across departments and the region to achieve a position that focuses on public health. Communities may like this because they get sick of giving information to various service providers.</li> </ul>   |
| Social Inclusion        | <ul style="list-style-type: none"> <li>▪ Opportunities for integrating people with a disability in mainstream activities could be considered, e.g. African drums activity.</li> <li>▪ Need activity opportunities with no barriers, e.g. activities with intergenerational connection opportunities.</li> </ul>  |
| Community Development   | <ul style="list-style-type: none"> <li>▪ Leaders in the community could be supported to facilitate community activities, e.g. a men's shed.</li> <li>▪ There could be potential to place a stronger focus on the arts (similar to 'create and connect' in Goolwa).</li> <li>▪ Get Dirty Feel Good is an excellent wellness program. Tree planting and connecting to nature is a good initiative.</li> </ul>  |
| Youth                   | <ul style="list-style-type: none"> <li>▪ Arts and creative opportunities for youth are important. 106 children participated in 'paint ball' and they loved the program.</li> <li>▪ There is potential to mentor youth through skillshare and other education opportunities.</li> </ul>   |
| Volunteers              | <ul style="list-style-type: none"> <li>▪ There is potential to establish a 'volunteer visitor' program.</li> <li>▪ Council is developing a volunteer data base and this could be used by health services.</li> <li>▪ A volunteer facilitation role is needed but the health sector does not have the resources.</li> </ul>   |
| Community Centre        | <ul style="list-style-type: none"> <li>▪ There is desire for a multi-functional community or neighbourhood centre where people can use different services. The facility could be a focus for Council and the community. It could be collectively managed and resourced by service providers.</li> <li>▪ A community centre would work on Kangaroo Island because the communities are so connected.</li> <li>▪ The infrastructure for a community centre is already there, i.e. the Health Centres. There would be potential to broaden their use.</li> <li>▪ The buildings are there, just need good programs and services linked to the buildings. Need to broaden the focus of the facilities.</li> <li>▪ Community centres would enable a holistic approach to supporting all people in the community.</li> <li>▪ Council could be the driver of community facilities and agencies could contribute.</li> </ul> |
| Transport               | <ul style="list-style-type: none"> <li>▪ The Rock Hopper bus service has been established (people need to book the service and there are west and east routes). Council is about to assess the service. The need for the transport is evident but unsure how the service can operate. The issue is Council does not have the resources to coordinate the service and community members have raised some concerns. People may not know enough about the service. It is expensive to run. Further feedback is required.</li> </ul>   |

## Group Discussion: Ideas and Opportunities

| Topic                 | Ideas and Opportunities  |
|-----------------------|--|
| Service Awareness     | <ul style="list-style-type: none"> <li>▪ People may not know about the services and need to consider how they can be promoted.</li> <li>▪ A community information web site is being developed.</li> <li>▪ There is value in having a community directory. It needs to be hard copy as well as the internet.</li> </ul> |
| Service Collaboration | <ul style="list-style-type: none"> <li>▪ Need to continue to collaborate on services and share information.</li> </ul>   |

## Individual Sticky Label Exercise

### *Ideas and Opportunities*

|   |
|---|
| <ul style="list-style-type: none"> <li>▪ Transport accessible to people in a wheelchair.</li> <li>▪ Greater use of KI Respite House for groups?</li> <li>▪ Sharing services and providers, i.e. between schools, health, other agencies etc.</li> <li>▪ Community garden (volunteer structure, meet and greet, skills development).</li> <li>▪ Employment and training for people with a disability.</li> <li>▪ Circles of support for integration for people with a disability.</li> <li>▪ Community social and craft groups for people with a disability to access with mainstream services.</li> <li>▪ Council supported men's shed (skills, trades, support).</li> <li>▪ Joint information sessions (Health Service Providers and Council).</li> <li>▪ Health and lifestyle promotion (physical activity, preventing obesity).</li> <li>▪ Empowering the rising generation (youth).</li> <li>▪ Focus on programs that address the drinking culture on KI (Good Sports Clubs, transport to minimise drink driving).</li> <li>▪ Skillshare and mentoring work experience.</li> <li>▪ Access to and availability of preventative medicine, i.e. healthy lifestyle.</li> <li>▪ Education about what it means to be healthy.</li> <li>▪ Health campaigns.</li> <li>▪ Joint funding opportunities and shared services.</li> <li>▪ Support groups (disease specific or wellbeing groups, exercise groups).</li> <li>▪ Healthy eating (developing skills for young families, food preparation, community foodies, older males etc.).</li> </ul> |
|---|

Other key points raised by Cathie Tydeman of Junction Australia include:

- There would appear to be a current influx of people moving to the island with limited prospects and support. This includes a diversity of ages and abilities. This is a concern as the support structures are not adequate enough to assist these people, especially in terms of housing, employment and training opportunities.
- Key issues for people moving to the Island include isolation and higher costs of living.
- There continues to be limited opportunities beyond the mainstream of education and sport. Education is working well and there are opportunities for young people with leadership skills. However, alternatives for young people facing barriers to engagement are low.
- There are limited adult training opportunities and a need for 'on the ground' people to be providing education roles. Adult learning opportunities beyond the usual first aid, forklift etc. short courses have declined.
- A combined KI Council/Agency partnership to develop a volunteer coordinator role / community development person based in a Mon-Fri Centre that has adequate space for training/community meetings/groups is a good idea. This would need to be adequately staffed, resourced and 'tech-ed up' (via Facebook/web site) to be a "one-stop-shop" for community and agency information/services. A very strong centre of information in and out. This concept would be charged with developing the "no-wrong-door" approach in other services. Developing worker knowledge and understanding how to access and refer people no matter where they start, taking into consideration the diversity of geographical isolation both within and outside of the island, is required. This type of concept (staffing and centre) would need to be operating at a very high level of engagement, cooperation and integration, perhaps the most important requirement for its success.
- The biggest issues are not about how, who, when and the level of services that are provided but more about how people know and access this information and for the service provider, the quality of the client service being received.



## **APPENDIX E**

### **PUBLIC EXHIBITION / CONSULTATION SUMMARY REPORT**

**Consultation period – 9<sup>th</sup> March to 15<sup>th</sup> April 2015**



## INTRODUCTION

The Draft Southern & Hills Local Government Association Regional Public Health Plan was placed on public exhibition to enable community and health organisation feedback between the 9<sup>th</sup> March and 15<sup>th</sup> April 2015.

The Draft Regional Public Health Plan was forwarded to all health and community organisations and individuals who had attended the consultations during the study and it was also placed on a web site hosted by Alexandrina Council to enable broader public comment.

The opportunity for public feedback was also promoted through local media across the region and the documents were placed on display at each Council's community facilities and on their websites. People were invited to complete an online survey or write a submission.

This report outlines and summarises the community consultation responses and suggests responses to be incorporated within the final Health Plan report.

## ONLINE SURVEY RESPONSES

### *Online Survey Response*

The Regional Public Health Plan online feedback opportunity received a broad audience with 262 'views' of the webpage. Of these, 122 downloaded documents thereby informing themselves of the consultation. 14 engaged with the consultation by making submissions. Of these, twelve indicated their satisfaction with the proposed Regional Public Health Plan.

Given the wide difference between those who made themselves aware and informed of the consultation and those that made submissions, combined with the majority satisfaction of those who did make a submission, it can be interpreted that the Draft Regional Public Health Plan did not generate any major concerns in the community. However, some suggestions have been made to strengthen some directions in the Health Plan Directions Report.

### Summary of the Online Consultation

| People who are   | Response | Percentage |
|--|----------|------------|
| Aware Visitors<br>(unique users who viewed pages)                | 262      | 100%       |
| Informed<br>(users who downloaded the documents)                 | 122      | 47%        |
| Engaged<br>(users who made a submission)                         | 14       | 5.3%       |
| Satisfied<br>(users indicated satisfaction with the Health Plan) | 12       | 4.6%       |

A higher number of 'page views' and 'visits' suggests that some visitors to the online survey and consultation page viewed the information more than once. 262 visitors made 333 visits, looking at 512 pages in total.

Of the visitors to the online community consultation, 13 completed the survey provided and one used an alternative method. The majority of these were residents or ratepayers in the Mount Barker, Kangaroo Island and Victor Harbor Council areas.

Four service providers/ organisations completed surveys, including:

- Alzheimer’s Australia
- Strathalbyn Neighbourhood Centre Inc
- Partners In Recovery
- Encounter Centre Inc

An overview of the respondent profile is provided below.

#### Respondent Profile Overview

| Interest | Resident/ Ratepayer            | 8 |
|----------|--------------------------------|---|
|          | Service Provider/ Organisation | 4 |
|          | Other Interested Person        | 1 |

| Council Area | City of Victor Harbor            | 1 |
|--------------|----------------------------------|---|
|              | District Council of Mount Barker | 5 |
|              | Kangaroo Island Council          | 2 |
|              | Not Stated                       | 5 |

| Age Groups | 31-44 years | 1 |
|------------|-------------|---|
|            | 45-59 years | 3 |
|            | 60-70 years | 5 |
|            | Not Stated  | 4 |

Most of the survey responses indicated a degree of satisfaction with the Draft Regional Public Health Plan.

#### Respondent Satisfaction with Regional Public Health Plan

| Section of Report   | Satisfied | Unsatisfied |
|---------------------|-----------|-------------|
| Regional Directions | 10        | 3           |
| Local Action Plans  | 11        | 2           |

Where there was dissatisfaction, this tended to relate to a specific topic such as the need for improved aquatic facilities in a particular Council area or the need for a greater focus on a particular topic such as family violence. Any dissatisfaction was not related to the Regional Health Plan itself.

## *Main Comments and Suggestions*

A summary of the main comments made through the online survey is provided below. The specific responses are provided on the following pages.

- No mention of the damaging health effects of domestic violence on both individuals and communities. Actions could include: active involvement in and promotion of White Ribbon Day events, vigils after domestic violence related deaths (3 in SA this year), public health campaigns related to the national plan of action to stop violence against women and children.
- The drug ICE is an increasing issue in the 30 to 40 age group and this is putting stress on families especially those with young children. There is a breakdown in relationships and children are constantly at risk. Strategies are needed to address the ignorance around this drug as well as alcohol abuse across the community and to ensure the safety of children.
- Need to acknowledge the role of Community Centres and Neighbourhood Houses as a key potential partner in implementing many of the actions associated with the Action Plans (Connecting Communities).
- Concerned that the plan does not reflect the implications of part-time jobs and seasonal work, where people are not employed to a 1.0FTE.
- Need to improve the safety of walking and cycling tracks and on-road facilities, including surface, lighting, hazards and traffic interaction.
- Increased coordination between various health providers, groups and departments is required to ensure people are referred to the correct location.
- Need an increased focus on disability access e.g. parking and footpaths.
- Interest in a new aquatic centre with Hydro Pool for injury remediation, physiotherapy and rehab use in Mount Barker.
- Opportunities to use community driven native vegetation plantations to meet community inclusion, future biodiversity and education goals.
- Improve Council communication and response to issues raised by the public.
- Inconsistency with state geographical regions due to the Barossa Council's non-participation in the Plan. Will this raise any issues?
- Concerns about implementing plans without suitable levels of funding. Consider the S&HLGA's role in advocating for funding from the State Government.

Specific Online Survey Responses

| No. | Interest                             | Council Area                              | Age (years) | Organisation             | Satisfaction with Regional Directions | Satisfaction with local Action Plans | Comments and Suggested Opportunities  |
|-----|--------------------------------------|---|-------------|--------------------------|---------------------------------------|--------------------------------------|---|
| 1   | Resident/<br>Ratepayer               | City of<br>Victor<br>Harbor               | 45-59       | n/a                      | Satisfied                             | Satisfied                            | Improving public health: More education about not littering in public spaces e.g. the skate park Victor Harbor. There are some bins provided in a place that adults would use. In view of the client group using the park there is no encouragement, subliminal messages or 'cool' picture encouraging the youth to consider 'their' future and what this litter will do. It is quite disgusting and should not be tolerated.   |
| 2   | Resident/<br>Ratepayer               | District<br>Council of<br>Mount<br>Barker | 45-59       | n/a                      | Satisfied                             | Satisfied                            | My first comment is for council to listen when feedback is given I ride a bike to work and run. I have written to council about the unsafe path on Springs Road, Mt Barker, which many people walk on. There are posts placed in the middle of the path, which I have run into and hurt myself on. I run early morning and they can't be seen. There is no lighting. I have followed this up with a phone call, which was not returned. Secondly the road on Springs Road isn't wide enough to ride a bike and have a car past from both directions. There is a drop off the road and I have come off my bike and landed on my back, again hurting myself. I raise this as I question how serious any of what you want feedback on a document is going to be taken, when issues raised in the past are ignore. I am lucky I haven't been seriously injured or killed. I will look at the document in more detail. |
| 3   | Resident/<br>Ratepayer               | District<br>Council of<br>Mount<br>Barker | 60-70       | n/a                      | Unsatisfied                           | Unsatisfied                          | I am unsatisfied because there is no mention of the damaging health effects of domestic violence on both individuals and communities. There are a number of actions (and examples) that councils can incorporate into a plan such as this e.g. active involvement in/promotion of White Ribbon Day events, vigils after DV related deaths (3 in SA this year), public health campaigns related to the national plan of action to stop violence against women & children.  |
| 4   | Resident/<br>Ratepayer               | Kangaroo<br>Island<br>Council             | 45-59       | n/a                      | Satisfied                             | Satisfied                            | Ice use is an increasing issue among 30 to 40 yr. olds this is putting stress on families especially those with young children, breakdown in relationships and constant children at risk. I have observed the increase in use and the increase in younger people having access to this drug. Strategies need to be designed to address the ignorance around this drug and alcohol abuse across this community. and the safety of the kids   |
| 5   | Service<br>Provider/<br>Organisation |   |             | Alzheimer's<br>Australia | Satisfied                             | Satisfied                            | No Comment  |

Online Survey Responses continued

| No. | Interest                       | Council Area                     | Age (years) | Organisation                         | Satisfaction with Regional Directions | Satisfaction with local Action Plans | Comments and Suggested Opportunities  |
|-----|--------------------------------|----------------------------------|-------------|--------------------------------------|---------------------------------------|--------------------------------------|---|
| 6   | Other Interested Person        |                                  | 60-70       |                                      | Satisfied                             | Satisfied                            | See attached letter from a recent interagency network development project related to services for dealing with older people's mental health and wellbeing   |
| 7   | Service Provider/ Organisation |                                  |             | Strathalbyn Neighbourhood Centre Inc | Satisfied                             | Satisfied                            | For Alexandrina Council to acknowledge the role of Community Centres/ Neighbourhood Houses in implementing many of the actions associated with the Action Plans. MOSHCC is a good example of connecting communities and with the newly formed Strath Neighbourhood Centre in Strathalbyn, the Community Centre for Goolwa and the Langhorne Creek Community Centre project, it would be extremely worthwhile to support these Centres and utilise them as Potential Partners – Connected Communities (including Volunteering and Skills).   |
| 8   | Resident/ Ratepayer            | District Council of Mount Barker | 60-70       | n/a                                  | Satisfied                             | Satisfied                            | Refer Directions Report. Page 21 - Natural environments - I see opportunities to involve "whole" of community and/or multiple groups, organisations, clubs and community associations in the establishment of native vegetation plantations, corridors, windbreaks, gardens etc in areas such as unmade road reserves (where suitable). Could be integrated with Community Gardens programs. Would trend with "Stronger and Healthier Communities and Neighbourhoods for all Generations".<br>Indeed, benefits targeted to future generations. Page 59 - Native Veg plantings heavily weighed to "biodiversity" as in diverse plantings to ensure future generations have access to types of native veg that will possibly have been "lost" otherwise. (Education factors delivered). Page 63 - Programs/Outcomes/Inclusive objectives such as those I would propose have the capacity to: - connect communities - develop volunteering and associated skills (Good leadership required to succeed) - would drive equity and access services and issues - all those willing to be involved would need to be able to access transport to do so (Community/Organisation based transport systems). |
| 9   | Service Provider/ Organisation |                                  |             | Partners In Recovery                 | Satisfied                             | Satisfied                            | No Comment (File uploaded)  |

Online Survey Responses continued

| No. | Interest                          | Council Area                     | Age (years) | Organisation         | Satisfaction with Regional Directions | Satisfaction with local Action Plans | Comments and Suggested Opportunities  |
|-----|-----------------------------------|----------------------------------|-------------|----------------------|---------------------------------------|--------------------------------------|---|
| 10  | Resident/<br>Ratepayer            | District Council of Mount Barker | 60-70       | n/a                  | Unsatisfied                           | Unsatisfied                          | Not enough disabled parking available. Not enough made footpaths for disabled people to go along especially Hawthorn Road.  |
| 11  | Service Provider/<br>Organisation |                                  |             | Encounter Centre Inc | Satisfied                             | Satisfied                            | Coordination between various providers, groups and departments so that people can be referred to groups which can help them. (Disability, Mental Health, Social Isolation / Aged, etc)  |
| 12  | Resident/<br>Ratepayer            | District Council of Mount Barker | 60-70       | n/a                  | Unsatisfied                           | Satisfied                            | <p>1. Our family has lived in Mt. Barker since 1978. There was no Doctor after hours at the hospital then and there is no doctor on duty (or on call) at the Hospital in Mt. Barker now. Having a doctor available after hours and at the week-end at this Hospital is a top and urgent priority. I can document accidents on farm over 35 years and last year a dog trainer (from Modbury) being bitten in the eye by a dog was unable to get treatment until she finally gave up and drove back to Modbury for assistance.</p> <p>2. As can be seen from our well documented Council submission from Snr. Planner Ms. P. Worland Mount Barker has the highest growth rate in S.A., coupled with an atypical high percentage of children, babies and youth in our district. We also have very high rates of asthma, allergy related problems (pollens and dust), high rates of chronic obstructive pulmonary disease, obesity, overweight, suicide and growing social alienation and exclusion. This is the best case possible for a new aquatic facility to replace our aged (60 yrs) and leaking 5 lane, 33.3yard outdoor pool with a new competition capable facility which also caters for lap swimmers, learn to swim classes, year round use and there is a quite desperate need for a Hydro. Pool for injury remediation, physio. and rehab use. There was a Hydro. Pool at Bodyheat on Wellington Road, but sadly this business changed hands about a decade ago and the pools were closed and filled in by new owner Mark Mahonets because he was concerned about competition with new arrival 'StateSwim'. Sadly StateSwim does not fill the role of a Hydro Pool and is not adequate for lap swimming, training or competition, being extremely shallow and unsuitable for any form of advanced swimming or training. It is also maintained at a high temperature and high chlorine levels which many residents cannot tolerate due to respiratory conditions. I am also an elected member for Mount Barker (Central Ward) and can vouch for the above needs over a long period of not only residency in the District, but work in the community.</p> |

Online Survey responses continued

| No. | Interest               | Council Area                  | Age (years) | Organisation | Satisfaction with Regional Directions | Satisfaction with local Action Plans | Comments and Suggested Opportunities  |
|-----|------------------------|-------------------------------|-------------|--------------|---------------------------------------|--------------------------------------|---|
| 13  | Resident/<br>Ratepayer | Kangaroo<br>Island<br>Council | 31-44       |              | Satisfied                             | Satisfied                            | I raise concerns that both in the Background Report and Health Directions report that they indicate "good employment levels" on Kangaroo Island. Whilst I can't formally demonstrate otherwise, it is well known that many people on Kangaroo Island have multiple part-time jobs, but still are not employed to a 1.0FTE. Much of the work is seasonal. I would also suggest that if review is done in summer v winter that you would get two very different outcomes. I would hope that we don't acknowledge such a fact in a report that may be detrimental in to Kangaroo Island in the future. My next comment is that all of these plans would be great, only if suitable levels of funding were provided. I would urge that S&HLGA passionately advocate for that funding from the State who have imposed these plans on local government. Finally, I note that The Barossa Council have elected not to participate in these reports, based on geographical position. SA Health have the Barossa in the "Barossa Hills and Fleurieu" region??? Have we split the region at a LG level that is inconsistent with State regions? |

## DETAILED ORGANISATION SUBMISSIONS

Two survey respondents uploaded a more detailed submission via the online consultation website. Three additional submissions were received through letter or email directly to Council staff. A summary of the submission responses made by organisations is provided in this section and the full submissions are included in Appendix E.1.

### Submission Respondents

Cathie Tydeman  
ctydeman@junctionaustralia.org.au  
Partners In Recovery

Donna Shotton, Senior Planning & Performance Manager  
Southern Adelaide-Fleurieu-Kangaroo Island Medicare Local Limited  
(although this submission was provided prior to the Draft Regional Public Health Plan being completed and many items have already been addressed)

Southern Fleurieu and KI Positive Ageing Taskforce and  
Fleurieu Region Community Services Advisory Committee (Victor Harbor, Alexandrina and Yankalilla Council Areas)

G Harris, Executive Director  
Mental Health Coalition of SA (MHCSA)

Professor Jeffrey Fuller  
Professor of Nursing (Primary Health Care) Associate Dean Research  
School of Nursing & Midwifery, Flinders University

On behalf of the project interagency Governance Group  
*Together for the Mental Health of Older People*

Overall there was a positive response to the Regional Public Health Plan through the submissions. Positive comments include:

“You have undertaken a massive task and achieved great results...the detail presented clearly demonstrates your comprehensive approach and consideration of a broad range of data and public health issues.”

“The S&LHGA Region Public Health Plan looks well considered in terms of balancing the public health needs of communities in the area, observing that local governments already do a great deal of effective work in this space and also the need to add value given the limited resources of local government.”

“As the first of the new regional public health plans under the Public Health Act 2011 your Association has mapped out a comprehensive and broad range of public health issues and strategies in response to the demographic, economic, environmental, social and human service changes ahead.”

## Summary of the Organisation Submission Responses

| Organisation/ Person   | Comments   |
|--|--|
| <p>Partners In Recovery<br/>Cathie Tydeman</p>   | <p>The following comments were made about the Kangaroo Island Action Plan</p> <ul style="list-style-type: none"> <li>▪ KIRRS&amp;OS Strategy not released yet - should the finalisation of the action plan be pending this document? (1.4)</li> <li>▪ Mention Starclub field Officer program of ORS (7.3)</li> <li>▪ Current model of KI Community Education to expand capacity to include adult education (currently being considered). Actions such as “works with KICE to build capacity to both deliver and facilitate delivery of training as required by the community” and a similar action that “works with volunteer agencies and training bodies to address needs, shortages in volunteers and/or skills” should be considered (11.1)</li> <li>▪ Include an action around supporting the use and provision of innovative technologies to access services e.g. high tech video conferencing (12)</li> <li>▪ Support public internet access e.g. at library, and accompanying IT training programs</li> <li>▪ Access to information environmentally – no more brochures</li> <li>▪ How does this plan work with the “Transforming Health” Directions</li> </ul> <p>General Comments</p> <ul style="list-style-type: none"> <li>▪ Commissioner involvement is missing – how will this support the plan</li> <li>▪ Partnerships are possibly missing – identify individually or broadly recognise all potential partners</li> <li>▪ Volunteer burn out is not addressed in the plan. There is room for Council to support volunteers through support of visiting field officer programs, training support, and assistance to volunteer groups with compliance and business modelling/structures.</li> <li>▪ Higher level of volunteering on Kangaroo Island than State average, especially youth</li> <li>▪ Pressure put on community/health volunteers especially around compliance</li> <li>▪ Specific strategy around mental health not included in plan</li> <li>▪ Defining Kangaroo Island as having ‘good’ level of employment is misleading and does not accurately describe the realities</li> </ul>   |
| <p>Professor Jeffrey Fuller<br/>Professor of Nursing (Primary Health Care) Associate Dean Research<br/>School of Nursing &amp; Midwifery<br/>Flinders University<br/>on behalf of the project interagency Governance Group</p> | <ul style="list-style-type: none"> <li>▪ Currently in the region there is no overarching and ongoing formal and purposive network that covered older people’s health servicing <i>per se</i>. Given the high proportion of older people in the region this was found to be a concern.</li> <li>▪ The Positive Ageing Taskforce and the Southern Adelaide Fleurieu and Kangaroo Island Medicare Local both have cessation of funding beyond 2015, this leaves the development of an older people’s health servicing network in limbo.</li> <li>▪ <i>Recommendations</i> made in previous projects that are applicable here:<br/><b>Recommendation 1:</b> <i>The development of an inter-organisational network supported by a ‘neutral’ network administrative organisation will lead to better and more coordinated care for older people living with mental health problems and facilitate the engagement of consumers &amp; their carers in designing a responsive service system. In rural locations, where there are fewer resources, it is suggested that the network administration organisation have the mandate for older people’s health servicing in general, with the remit to form smaller as needed sub-networks specific to the servicing needs of different groups (such as mental health). Three options were proposed about the network administration organisation being from the new Primary Health Networks, State Health or Local Government (see full report).</i><br/><b>Recommendation 2:</b> <i>Include the mental health care needs of older people in local government public health plans.</i></li> <li>▪ Strategies 14 to 18 articulate the advocacy, networking, regional collaboration &amp; coordination role of Councils. Across these four strategies, however, there is little specific reference to the role of Council leadership in cross sector service partnerships related to the service needs of older people in the Regional Plan or specific Council Action Plans. While there is reference to strategies related to older people’s health needs, particularly in the Alexandrina and Yankalilla Council Action Plans, it would be reassuring to see a public health planning leadership role spelt out more specifically, even if this were only to ensure collaboration with the yet to be created Primary Health Networks that will be replacing Medicate Locals.</li> </ul> |

Summary of other submission responses continued

| Organisation/ Person  | Comments   |
|---|--|
| <p>Southern Adelaide-Fleurieu-Kangaroo Island Medicare Local Limited</p> <p>Donna Shotton, Senior Planning &amp; Performance Manager</p> <p>Note that these comments were provided prior to the final Draft Report being released</p> | <ul style="list-style-type: none"> <li>▪ Consider producing a summary or fact sheet style document.</li> <li>▪ Reports that SAFKIML has supplied have not been referenced in the plan. Has this work been seen and considered.</li> <li>▪ Suicide as a significant issue in the Alexandrina Council area, especially Strathalbyn and addressing deaths from self inflicted injury/suicide in the Victor Harbor area are expressed needs in these areas and not necessarily supported by the analysed data. The data used within the plan is the ‘best you are going to get’.</li> <li>▪ The major issue connected with suicide data is the age grouping, inability to define which age groups are most at risk.</li> <li>▪ Population – Income and wealth (pg 32) – High number of pensions/ disability / welfare payments, limiting access to some services and service availability. Limited public allied health.</li> <li>▪ ‘Homelessness’ survey March 2014 had some 140+ people for the month of March. (Junction Australia conducted research).</li> <li>▪ No emergency accommodation on the southern Fleurieu. Relying on church groups, limited Families SA and Dom Violence support. Limited government housing.</li> <li>▪ About to be first emergency accommodation house built in Goolwa.</li> <li>▪ Personal Health and wellbeing (pg38) Deaths from self inflicted injury / suicide.</li> <li>▪ Agree that Mental health, suicide, domestic violence, drug and alcohol are regional public health issues – LGA has little influence over these.</li> <li>▪ (Pg 53) Demand for health services greater than supply – need more GPs – difficult to access. Urgent vs non urgent care is an important consideration here.</li> <li>▪ Healthy Families (pg68) Immunisation is tricky. Our feedback is that despite records of council immunisation being recorded with ACIR the link back to the GP is poor.</li> <li>▪ Achieving Enhanced Public Health – funding is critical and could be discussed up front.</li> <li>▪ Theme 3 – (pg31) Planning and partnerships - this is definitely where MLs/PHN ‘fit’ in the scheme of these plans. Is there some link to overall state and federal coordination, not just a local level coordination?</li> <li>▪ In the background document, there is strong reference to partnering and seeking funding. Where some existing state funding has been withdrawn (OPAL program) are Council/s willing to go out and look for new funding, is this part of current practice?</li> <li>▪ Mount Barker Action Plan – should Council’s role be to monitor immunisation, help manage community preparedness for major disease outbreaks, support Aboriginal people and other vulnerable community to access health services. Or to partner with SA Health, GPs, Community members etc. to achieve these goals?</li> <li>▪ Has Onkaparinga been involved in Yankalilla’s Action Plan development as they have been expressed as the ‘natural’ referral pathway for the Yankalilla community?</li> </ul> |
| <p>Mental Health Coalition of SA (MHCSA)</p> <p>G Harris, Executive Director</p>  | <ul style="list-style-type: none"> <li>▪ The statistic that 1 in 5 people will experience an episode of mental illness in a 12 month period in the Plan. From the same survey, there is another statistic even more alarming which is that nearly 50% of people will experience a mental health problem in their lifetime.</li> <li>▪ For people in our community experiencing mental illness, there is also a much higher risk of increased mortality and morbidity. People with a severe mental illness live 10-32 years less than the average community member.</li> <li>▪ Smoking rates in the general population have decreased but around 50% of cigarettes sold in Australia are purchased by people with mental illness.</li> <li>▪ Mental health is noted as an important issue in the S&amp;LHGA Region Public Health Plan, but the links to other health and chronic disease issues are not necessarily made explicit.</li> <li>▪ MHCSA would be keen to work with local governments in this region regarding how to add value in this complex area.</li> <li>▪ Regarding suicide prevention, the National Mental Health Commission 2012 report identified the following key action: Develop local, integrated and more timely suicide and at-risk reporting and responses. These should be coordinated, community based, culturally appropriate, early response systems and suicide prevention programs.</li> </ul>  |

Summary of other submission responses continued

| Organisation/ Person  | Comments  |
|---|---|
| <p>Southern Fleurieu and KI Positive Ageing Taskforce &amp; Councils' Fleurieu Region Community Services Advisory Committee</p> | <ul style="list-style-type: none"> <li>▪ There needs to be specific references to family and domestic violence and possible responses.</li> <li>▪ Suicide is identified as a particular issue in Victor Harbor and Mount Barker but feedback is that suicide at any level is an issue and should be a consideration for all communities. There is a need for both pre and post-intervention programs.</li> <li>▪ There is anecdotal evidence of high levels of substance abuse, in particular increased use of methamphetamine, with impacts on hospitals and emergency services, families and the broader community. There needs to be a broad regional response linked to state and national initiatives.</li> <li>▪ There is limited access to drug and alcohol services.</li> <li>▪ Impacts of changes to emergency medical care in Goolwa and Yankalilla should be monitored.</li> <li>▪ Need to monitor the impacts of the changes from Medicare Locals to Primary Health Networks.</li> <li>▪ Need to monitor impacts of implementation of the Commonwealth Home Support Program on both affordability and accessibility of services for aged residents.</li> <li>▪ References to HACC (Home and Community Care) need to be changed to Commonwealth Home Support Program (CHSP).</li> <li>▪ Need to monitor impact of trend in service provision models from locally based services to larger regional and state wide services models.</li> <li>▪ Need to support opportunities that enable services to share information, develop relationships, build networks, support collaboration and develop partnerships.</li> <li>▪ Given age profile and mobility of population on Southern Fleurieu there should be stronger reference to social isolation and possible responses.</li> <li>▪ There should be specific references to the needs of people with a disability and access to service for people on NDIS.</li> <li>▪ There should be stronger references to people with dementia and possible responses, especially for the Southern Fleurieu.</li> <li>▪ Reference should include the needs of carers.</li> <li>▪ The role of sporting and recreation clubs in supporting social connectivity and mental wellbeing should be highlighted and opportunities to enhance this role encouraged.</li> <li>▪ There is a shortage of short term respite accommodation for people of all ages with a disability or mental health issue.</li> <li>▪ Research by the Southern Fleurieu and KI Housing Roundtable suggests that homelessness is an issue in the Southern Fleurieu.</li> <li>▪ There is a lack of dedicated emergency housing on the Southern Fleurieu and very limited transition housing.</li> <li>▪ Need to monitor the impacts of proposed new Commonwealth initiatives to encourage higher immunization rates.</li> <li>▪ Corellas are becoming a public health hazard in Hills area due to noise and excrement.</li> <li>▪ There should be references to improving employment and training opportunities for young people including programs that consider youth retention, and programs that address the needs of disengaged young people.</li> <li>▪ Transport is an issue for much of the region.</li> </ul> |

## OVERRIDING FEEDBACK SUMMARY AND POTENTIAL RESPONSE

A summary of the consultation feedback is provided below together with the response (determined in consultation with the Regional Health Plan Working Party). The comments vary and cover a wide range of topics.

As such there does not appear to be any major gap in the Regional Public Health Plan, but there could be potential to add some points and reflect some comments.

| Topic             | Comment (Broad Summary)   | Source                            | Report Response   |
|-------------------|---|-----------------------------------|---|
| Domestic Violence | Need to mention damaging impacts of domestic violence.  | Resident (Mt Barker)              | Refer to family and domestic violence.  |
|                   | Need specific reference to family and domestic violence.  | SF&KI Positive Ageing TF and CSAC | Refer to family and domestic violence.  |
| Mental Health     | Add some other statistics regarding mental health (refer submission)  | MHCSA                             | Strengthen words relating to mental health.   |
|                   | Links between mental health and other chronic health issues not made explicit.  | MHCSA                             | Strengthen words relating to mental health.   |
|                   | MHCSA is keen to work with local government in addressing issues.   | MHCSA                             | Note this in the report (page 11).  |
|                   | A specific strategy around mental health is not provided.   | Partners In Recovery              | No change to the report. Reference made to State Plan. Local Government role is to advocate.                              |
| Suicide           | Regarding suicide prevention reference the key action in the National Mental Health Commission 2012 report (refer submission) | MHCSA                             | Reinforce importance of State strategies.<br>Recognise opportunities for suicide prevention initiatives where appropriate |
|                   | Consider suicide as an issue for all communities.   | SF&KI Positive Ageing TF and CSAC | Strengthen words on suicide.  |
|                   | Strengthen reference to suicide.  | SAFKI Medicare Local              | This has been done since this comment.  |
| Drugs and alcohol | There is high substance abuse and limited access to drug and alcohol services. A broader regional response is required.       | SF&KI Positive Ageing TF and CSAC | No change to report. Local Government role is to advocate to State Government.  |
|                   | Greater emphasis needed on drug use impacts (ICE) – be specific.  | Resident (KI)                     | Reference ICE in the report (page 11)   |
| Disability        | Increase the focus on disability, including car parking   | Resident (Mt Barker)              | Strengthen relevant content in report.  |
|                   | Give specific references to the needs of people with a disability   | SF&KI Positive Ageing TF and CSAC | Strengthen relevant content in report.  |
|                   | Give stronger reference to people with dementia and possible responses  | SF&KI Positive Ageing TF and CSAC | No change to report. Local Government role is to advocate to State Government.  |
|                   | Consider the needs of carers.   | SF&KI Positive Ageing TF and CSAC | No change to report. This is already raised in the Plan.  |
| Homelessness      | Reference Homeless Survey information.  | SAFKI Medicare Local              | No change to report.  |
|                   | Homelessness is an issue. Refer to the research.  | SF&KI Positive Ageing TF and CSAC | Add to housing strategy.  |

*Summary and Potential Response (continued)*

| Topic                    | Comment (Broad Summary)  | Source                                     | Report Response                                |
|--------------------------|--|--|--|
| Older People             | There is no overarching network for older people's health - with a loss of funding to achieve this. Consider the role of Local Councils.   | Together for Mental Health of Older People | No change to report. Covered under 'networks'. |
| Social Isolation         | Give stronger reference to social isolation and possible responses.  | SF&KI Positive Ageing TF and CSAC          | No change. Covered in Background Report.       |
| Accommodation            | There is a lack of emergency accommodation   | SAFKI Medicare Local                       | Cover in housing strategy.                     |
|                          | There is a shortage of respite accommodation for people with a disability and mental health issues.  | SF&KI Positive Ageing TF and CSAC          | Cover in housing strategy.                     |
| Health Services          | Consider the impacts of changes to health services and the need to monitor the impacts, e.g.: <ul style="list-style-type: none"> <li>- Emergency services</li> <li>- Medicare Locals to Primary Health Networks</li> <li>- Community Home Support Program</li> <li>- Local to regional based services</li> <li>- Commonwealth proposals to encourage immunisation</li> </ul> | SF&KI Positive Ageing TF and CSAC          | Add to service strategy.                       |
|                          | Medical services are inadequate – after hours doctor in Mount Barker.  | Resident (Mt Barker)                       | No change. Covered in Background Report.       |
|                          | Consider differences between urgent and non-urgent medical services.   | SAFKI Medicare Local                       | No change. Covered in Background Report.       |
|                          | Family health links to GP's are poor.  | SAFKI Medicare Local                       | No change. Covered in Background Report.       |
|                          | Change reference to HACC (Home and Community Care) to Commonwealth Home Support Program (CHSP)   | SF&KI Positive Ageing TF and CSAC          | Change HACC to CHSP.                           |
|                          | Consider volunteer issues (burnout and compliance pressure). High levels of volunteering in KI.  | Partners In Recovery                       | No change. Covered in Report.                  |
| Programs and Initiatives | Reference other programs, e.g.: STARclub.  | Partners In Recovery                       | No change, too detailed.                       |
|                          | Link to technology.  | Partners In Recovery                       | No change. Covered in Background Report.       |
|                          | Consider role of sport and recreation clubs.   | SF&KI Positive Ageing TF and CSAC          | Refer to in background information.            |
|                          | Refer to improving employment and training opportunities.  | SF&KI Positive Ageing TF and CSAC          | No change. Covered in Report.                  |

*Summary and Potential Response (continued)*

| <b>Topic</b>                   | <b>Comment (Broad Summary)</b>   | <b>Source</b>                        | <b>Report Response</b>  |
|--------------------------------|--|--------------------------------------|---|
| Facilities and Environments    | Need to improve the safety of trails and paths in Mt Barker.                 | Resident (Mt Barker)                 | No change. Covered in Background Report.                        |
|                                | Improve aquatic facility in Mt Barker (Health impacts)                       | Resident (Mt Barker)                 | No change. Covered in Background Report.                        |
|                                | Consider the value of neighbourhood and community centres.                   | Strathalbyn Neighbourhood Centre Inc | Add to Alexandrina Action Plan.                                 |
|                                | Consider native gardens and landscapes in Mt Barker Council area.            | Resident (Mt Barker)                 | No change. Covered in Background Report and Council Action Plan |
|                                | Reduce litter in Victor Harbor.  | Resident (VH)                        | No change. Covered by broader statements.                       |
|                                | Corellas are a health issue.   | SF&KI Positive Ageing TF and CSAC    | No change. Environmental focus and too detailed for strategies. |
| Transport                      | Transport is an issue across the region.                                     | SF&KI Positive Ageing TF and CSAC    | No change. Transport has been well covered.                     |
| Planning                       | Show links to other planning, e.g. Transforming Health Directions.           | Partners In Recovery                 | No change. Public/population health focus.                      |
| Coordination and Communication | Increase coordination between health / service providers.                    | Encounter Centre VH                  | No change. Covered in the strategies.                           |
|                                | Increase Council communication with the public.                              | Resident (Mt Barker)                 | No change. Covered in the strategies.                           |
|                                | What is the role of Mount Barker Council – doing vs partnerships.            | SAFKI Medicare Local                 | No change. Covered in the Action Plan.                          |
|                                | Support networks and the sharing of information.                             | SF&KI Positive Ageing TF and CSAC    | No change. Covered in the strategies.                           |
| Partnerships                   | Partnership opportunities are missing.                                       | Partners In Recovery                 | No change. Covered in the Directions Report.                    |
|                                | Has there been Onkaparinga Council involvement in the Yankalilla Directions. | SAFKI Medicare Local                 | Reflected in Action Plan.                                       |
| Funding                        | Need funding to implement the Health Plan.                                   | Resident KI                          | No change. Covered in the Directions Report.                    |
|                                | Funding will be critical.  | SAFKI Medicare Local                 | No change. Covered in the Directions Report.                    |
|                                | Can Council look for funding where other government funding has been lost.   | SAFKI Medicare Local                 | No change. Covered in the Directions Report.                    |
| Other                          | Concerned employment data does not reflect the situation (due to part time)  | Resident KI                          | Noted but no change to the Report.                              |
|                                | Concerned Barossa is not included.   | Resident KI                          | Noted but no change to the Report.                              |
|                                | Commissioner involvement KI?   | Partners In Recovery                 | Noted but no change to the Report.                              |

**APPENDIX E.1**  
**FULL SUBMISSION RESPONSES**

Cathie Tydeman  
ctydeman@junctionaustralia.org.au  
Partners In Recovery

#### THEME 1 – Healthy Environments

Typo 1.2 rate payer groups (not player)

1.4 KIRRS&OS Strategy is as at this date not released does this mean it will be a 2015 document – should the finalisation of the action plan be pending this document?

2.1 last point – “good” practice or best practice or is there an identified “standard” that could be included here? e.g. what/who identifies the practice as good

5.2 Should partners here include RDA? And other State/Fed depts

#### THEME 2 – Healthy Lifestyles

At 7.3? Is it worth mentioning/linking the Starclub Field Officer program of ORS – this program has been very supportive KI sports and rec and has greatly enhance the development of clubs on the island. This support directly contributes to the health of the community in a pro-active way.

[http://www.ors.sa.gov.au/sport\\_and\\_recreation/starclub\\_field\\_officers](http://www.ors.sa.gov.au/sport_and_recreation/starclub_field_officers)

I understand that this program will require support from Councils to continue in the future so mentioning it here would seem important.

At 11.1 there is no observation of the current model of KI Community Education to expand capacity to include adult education which is very feasible and is currently being considered. Experience has shown that RTOs are happy to service KI if class numbers are economically viable. The impact of infrastructure (or lack thereof) is clearly linked to this assessment to deliver training or not. I would prefer to see an action that “works with KICE to build capacity to both deliver and facilitate delivery of training as required by the community” and a similar action that “works with volunteer agencies and training bodies to address needs, shortages in volunteers and/or skills” – or something like this.

At 12 Is there room to include an action around exploring/supporting the use and provision of innovative technologies to access services? E.g. KIHS mental health team (and some staff) have access to high tech video conferencing technology however access is limited to criteria around the unit. There may be the same situations with other particular agencies where public access could be explored to address access to service issues. This would also be a good space to reinforce the support of public internet access at library sites, wifi and other opportunities – currently very limited on the island, also accompanying IT training programs for older or disadvantaged people

etc. Access to information – but please in an environmentally aware way – not more brochures!!! We should be able to have a touch screen that can locate info and then print (if required)

#### THEME 3 – Planning & Partnerships

How does this plan work with “Transforming Health” directions?

#### General note

Missing is the Commissioner involvement/structure and how this will support the plan? It could maybe be placed at RS14?

Partnerships are possibly missing a lot of possibilities – maybe it would be better not to attempt to identify but make a broad statement recognising all the potential stakeholders/partners that could support and contribute to the plan.

Volunteer burn out is not addressed in this plan and probably needs to be, people on KI volunteer more hours than state counterparts, younger people report that they volunteer significantly more than the state average. There is room for Council to support volunteers through support of visiting field officer programs, training support, assistance to volunteer groups with compliance and business modelling/structures. Community is strong on sport/rec but many individuals are wearing several hats as volunteers, administrators, players/participants, employees, business owners and more. I believe that there is significant pressure on volunteers especially around compliance that places a risk to all community/health related activities completed by volunteers in this space.

There are several mentions of mental illness or links to mental illness implications ... the plan does not specifically identify a strategy/action around this area – should it? The findings identify limited availability of job and training opportunities, it could be included here that most people are holding 2-3 casual jobs with different employers to make ends meet and the seasonality of the employment which is sometimes hidden statistically as people work hard through summer and coast through winter often not seeking unemployment benefit or just getting by without benefits on cash income. I am not sure that the “good” employment finding accurately describes the employment realities of KI.

Southern Fleurieu and KI Positive Ageing Taskforce and Councils' Fleurieu Region  
Community Services Advisory Committee

- There needs to be specific references to family and domestic violence and possible responses
- Suicide is identified as a particular issue in Victor Harbor and Mount Barker but feedback is that suicide at any level is an issue and should be a consideration for all communities. There is a need for both pre and post-intervention programs.
- There is anecdotal evidence of high levels of substance abuse, in particular increased use of methamphetamine, with impacts on hospitals and emergency services, families and the broader community. There needs to be a broad regional response linked to state and national initiatives
- There is limited access to drug and alcohol services
- Impacts of changes to emergency medical care in Goolwa and Yankalilla should be monitored
- Need to monitor the impacts of the changes from Medicare Locals to Primary Health Networks
- Need to monitor impacts of implementation of the Commonwealth Home Support Program on both affordability and accessibility of services for aged residents
- References to HACC (Home and Community Care) need to be changed to Commonwealth Home Support Program (CHSP)
- Need to monitor impact of trend in service provision models from locally based services to larger regional and state wide services models
- Need to support opportunities that enable services to share information, develop relationships, build networks, support collaboration and develop partnerships
- Given age profile and mobility of population on Southern Fleurieu there should be stronger reference to social isolation and possible responses
- There should be specific references to the needs of people with a disability and access to service for people on NDIS
- There should be stronger references to people with dementia and possible responses, especially for the Southern Fleurieu
- Reference should be include of the needs of carers
- The role of sporting and recreation clubs in supporting social connectivity and mental wellbeing should be highlighted and opportunities to enhance this role encouraged

- There is a shortage of short term respite accommodation for people of all ages with a disability or mental health issue
- Research by the Southern Fleurieu and KI Housing Roundtable suggests that homelessness is an issue in the Southern Fleurieu
- There is a lack of dedicated emergency housing on the Southern Fleurieu and very limited transition housing
- Need to monitor the impacts of proposed new Commonwealth initiatives to encourage higher immunization rates
- Corellas are becoming a public health hazard in Hills area due to noise and excrement
- There should be references to improving employment and training opportunities for young people including programs that consider youth retention, and programs that address the needs of disengaged young people
- Transport is an issue for much of the region

G Harris, Executive Director  
Mental Health Coalition of SA (MHCSA)

**Re: Submission on the draft Regional Public Health Plan “Wellbeing in our Community”**

The Mental Health Coalition of SA (MHCSA) is a peak body for mental health in SA and our goal is that all South Australians with mental illness will get the support they need when they need it.

The members of MHCSA have a wealth of experience in supporting people with mental illness to lead better lives and manage their illness in the community.

The S&LHGA Region Public Health Plan looks well considered in terms of balancing the public health needs of communities in the area, observing that local governments already do a great deal of effective work in this space and also the need to add value given the limited resources of local government.

The emphasis on the social determinants of health in the document is valuable to identifying appropriate ways that local government can play a more effective role in improving the health and wellbeing of the communities in this region into the future.

MHCSA notes that you use the statistic that 1 in 5 people will experience an episode of mental illness in a 12 month period. From the same survey, there is another statistic even more alarming which is that nearly 50% of people will experience a mental health problem in their lifetime.

For people in our community experiencing mental illness, there is also a much higher risk of increased mortality and morbidity. People with a severe mental illness live 10-32 years less than the average community member. Much of this increased morbidity and mortality is due to preventable causes such as heart disease and diabetes. The public health campaigns that have had a dramatic effect on the rest of the population have not been so successful for people with mental illness. Smoking rates in the general population have decreased but around 50% of cigarettes sold in Australia are purchased by people with mental illness.

Mental health is noted as an important issue in the S&LHGA Region Public Health Plan, but the links to other health and chronic disease issues are not necessarily made explicit. The Audit for example does not note that general health promotion programs (such as 'Eat Well Be Active' and the 'Chronic Disease Action Plan for SA') do not target people with severe mental illness. This leaves a significant gap in coverage for

this important population group which has significantly higher morbidity and mortality than the general population. **MHCSA would be keen to work with local governments in this region regarding how to add value in this complex area.**

Regarding suicide prevention, the National Mental Health Commission 2012 report identified the following key action:

**Develop local, integrated and more timely suicide and at-risk reporting and responses. These should be coordinated, community based, culturally appropriate, early response systems and suicide prevention programs.**

The MHCSA understands that suicide prevention is of rising concern for people in the communities covered by the S&LHGA Region Public Health Plan and **MHCSA would be keen to work with local governments and other relevant agencies to make progress on this key action within the communities in this region.**

Thankyou for the opportunity to make comment on this important issue.

Professor Jeffrey Fuller  
Professor of Nursing (Primary Health Care) Associate Dean Research  
School of Nursing & Midwifery

Flinders University  
on behalf of the project interagency Governance Group  
*Together for the Mental Health of Older People*

### **Re: Regional Public Health Plan for the Southern & Hills LGA**

Congratulations on the outcome of the public health planning work leading to the *Directions Report* and *Background Report* released for public comment. As the first of the new regional public health plans under the Public Health Act 2011 your Association has mapped out a comprehensive and broad range of public health issues and strategies in response to the demographic, economic, environmental, social and human service changes ahead.

### **Prior work informing our response to the Regional Public Health Plan**

I am responding on behalf of the Governance Group of a recently completed project on the Southern Fleurieu and Kangaroo Island, called *Together for the Mental Health of Older People: improving the network planning and management of integrated primary mental health care for older people in rural regions*. This project had its basis in a request from the Positive Ageing Taskforce Southern Fleurieu & Kangaroo Island to examine how mental health, generalist health and social care services were collaborating to meet the mental health needs of older people in the region. The project was a partnership between the Positive Ageing Taskforce, the Southern Adelaide Fleurieu and Kangaroo Island Medicare Local, Country Health SA Local Health Network Mental Health Services and Flinders University, with a \$150,000 grant from the Australian Government Primary Health Care Research Institute to investigate health network planning and management.

We took a broad definition of mental health problems under this project to cover illness such as depression and dementia, as well as emotional distress from social factors such as grief and loneliness. An older person with a mental health problem may require input from health, aged care and social care services, and so there is a need for a well-networked range of local services. In brief, we found that there was

considerable collaboration and networking between services for

older people, however these tended to be clustered within health, aged and social care sectors, with no overarching and ongoing formal and purposive network that covered older people's health servicing *per se*. Given the high proportion of older people in the region this was found to be a concern. The role of the Positive Ageing Taskforce as a network facilitating organisation auspiced through local government was acknowledged, as was the similar but more health focused role of the Southern Adelaide Fleurieu and Kangaroo Island Medicare Local. However, with cessation of funding to both organisations beyond 2015, this leaves the development of an older people's health servicing network in limbo.

The role to formally establish and maintain such a network can be done through a network administration organisation. In our study we concluded that barriers to a more networked approach to older people's health & social care servicing include the lack of a network administration organisation, a lack of connection between specialist health and social care services, and funding of service workers time tied predominately to direct care tasks that does not include the time taken to collaborate with other organisations to share information and plan.

In the project we made a number of recommendations, of which the following two are relevant to the Southern & Hills LGA Public Health Plan:

**Recommendation 1:** *The development of an inter-organisational network supported by a 'neutral' network administrative organisation will lead to better and more coordinated care for older people living with mental health problems and facilitate the engagement of consumers & their carers in designing a responsive service system. In rural locations, where there are fewer resources, it is suggested that the network administration organisation have the mandate for older people's health servicing in general, with the remit to form smaller as needed sub-networks specific to the servicing needs of different groups (such as mental health).*

*Three options were proposed about the network administration organisation being from the new Primary Health Networks, State Health or Local Government (see full report).*

**Recommendation 2:** *Include the mental health care needs of older people in local government public health plans.*

**Full report:** Fuller J, Muir-Cochrane E, Lawn S, Reed R, Dawson S, Oster C, O'Kane D, Henderson J, Gerace A, McPhail R, Sparkes D, Fuller M. Together for the mental health care of older people (TMOP): Improving the network planning and management of integrated primary mental health care for older people in rural regions. Report to the Australian Primary Health Care Research Institute 2015

## Specific response to the Regional Public Health Plan

From this perspective, we make the following points about the Regional Health Plan:

- There is a high need to deal with the health issues associated with the ageing population in the region as noted in the Regional Plan and associated Council Action Plans. These issues are related to health and social care and are not limited to the remit of one sector.
- Mental health is noted as a concern for Councils, as are issues associated with isolation and the need for social connection as well as improved access to services.
- The resource limitations on Councils are noted in responding to community health development and health promotion and that it is not the intention of the Regional Plan to shift responsibility for these to Local Government. While Councils cannot totally pick up on areas of community health development, the role of Councils in coordination and partnerships in health related areas is applauded (such as healthy ageing).
- Strategies 14 to 18 articulate the advocacy, networking, regional collaboration & coordination role of Councils. Across these four strategies, however, there is little specific reference to the role of Council leadership in cross sector service partnerships related to the service needs of older people in the Regional Plan or specific Council Action Plans. While there is reference to strategies related to older people's health needs, particularly in the Alexandrina and Yankalilla Council Action Plans, it would be reassuring to see a public health planning leadership role spelt out more specifically, even if this were only to ensure collaboration with the yet to be created Primary Health Networks that will be replacing Medicate Locals.

Thank you for the opportunity to comment on the Plan.